# New Worker Training Medicaid Management Information System

EDS Overview

MMIS Overview

EDSNET Query

Resolving MMIS Edits

WSSI Overview

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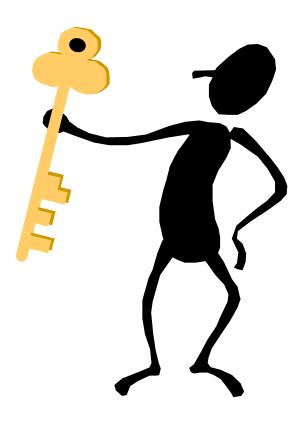
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DWD is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 267-0513 or (866) 864-4585 (TTY).

For civil rights questions call (608) 266-6889 (Voice) or (866) 864-4585 (TTY).

# **EDS - Electronic Data Systems**

#### Medicaid Fiscal Agent Overview



#### Goals

This section will provide participants with:

- An overview of the different departments within EDS.
- A brief description of the functions of these departments.
- A closer look at areas that relate to your job.

#### **Objectives**

- At the end of this section, you will better understand:
- The complexity of EDS and the variety of functions performed.
- The resources at EDS that can help you with problems or questions that arise related to Medicaid/BadgerCare and SeniorCare.

# **Introduction**

Electronic Data Systems is the world's largest information technology company. EDS has served as the fiscal agent for Wisconsin Medicaid since 1977. In 1997, EDS and UGS (United Government Services) entered into a relationship to mutually provide fiscal agent services to Wisconsin Medicaid/BadgerCare. EDS is responsible for the Medicaid/BadgerCare fiscal agent contract and UGS is EDS' subcontractor. There are approximately 400 employees at this location.

#### EDS is divided into six areas:

- Operations
- Provider Services
- Recipient and Financial Services
- Project and Policy Management
- System Support
- Administrative Support

# **Recipient Services**

# **Eligibility Unit**

The Eligibility Unit controls all current and historical eligibility data for Medicaid/BadgerCare recipients. The following is a list of the analysts and the functions performed in the unit:

Eligibility Analysts: Adjudicate worksheets, edits, and good faith claims. Updates the MMIS system via data entry of HCF 10110s (formerly 3070) and presumptive eligibility certifications. Respond to county worker phone calls and written correspondence.

*Nursing Home Analyst:* Update the MMIS system via data entry for Institutions, Spenddown, Lock-In, and Hospice Authorization. Coordinates BQA tapes and adjudicates pending transactions.

*Buy-In Analyst:* Adjudicate pending transactions received from various sources and updates the MMIS system via data entry. Communicates with county workers in regards to Medicare Buy-In.

Research Analysts: Respond to telephone inquiries from certifying agencies, recipients' advocates, and recipients on case specific issues. Research potential problems in CARES/MMIS and formulate recommendation for resolution.

Technical Analysts: Research potential problems in CARES/MMIS and formulate recommendation for resolution. Coordinate potential system fix with DHCF, DWD and Deloitte Consulting.

# **Managed Care Unit**

Medicaid contracts with HMOs to provide covered services to Medicaid, Healthy Start, and BadgerCare recipients living in a Medicaid HMO service area. The Medicaid/BadgerCare HMOs receive a monthly capitation payment from Medicaid for each enrollee. The Managed Care Unit maintains and disburses data on enrolled recipients in state-contracted HMOs. The unit consists of Managed Care Analysts, Contract Monitors, Ombuds, and the Nurse Consultant. They perform the following functions:

Managed Care Analysts: Enter HMO Enrollment Choice forms sent in by the recipients. Process enrollments/disenrollments in Special Managed Care Programs. These programs are Wrap Around Milwaukee (WAM-62), Community Living Alliance, Inc. (CLA-63), Children Come First (CCF-64), Community Care for the Elderly (CCE-65), ICARE (ICP-66), Community Health Partnership (CHP-67), and Elder Care of Dane County (ECO/ECP-69). Process newborn notifications for newborns whose mother was on Medicaid at time of birth. This process gives the newborn eligibility, on MMIS, for

one full year after date of birth. Create various reports and letters. Adjudicate worksheets and edits of newborns.

Contract Monitors: Interact with the HMO Advocates, HMOs, providers and recipients in regard to provider appeals, recipient exemptions, DRGs (Diagnosis Related Groupings), recipient grievances and monthly/quarterly reporting. Adjudicate provider appeals utilizing the contract between the HMOs and the State of WI. The Contract Monitor phone number is 1-800-760-0001.

Ombuds: Assist and educate recipients in all aspects of the Managed Care and Medicaid/BadgerCare Program including eligibility, rights and responsibilities, grievance procedures, and access to quality care. This is achieved by outreaching to inform and educate any entity that deals with recipients such as: advocacy groups, Community Based Organizations, county agencies/workers, schools and other associations. Resolve HMO/PACE/Partnership and Special Managed Care grievances. To contact an Ombud, call 1-800-760-0001 and ask to speak to an Ombud.

Nurse Consultant: Adjudicate provider appeals for medical necessity, recipient grievances and exemption/disenrollment requests for the entire State. Establish Managed Care guidelines for exemptions. Communicate results of reviews to providers and recipients via telephone and in written correspondence. Handle emergency situations, such as exemptions and grievances. Review charts for AIDS/Vent recipients. To contact the Nurse Consultant, call 1-800-760-0001 and ask for the Nurse Consultant.

# **Correspondence Unit**

Correspondents are responsible for assisting recipients with Medicaid or BadgerCare benefit and policy questions and checking the status of claims and prior authorizations. The correspondents will respond to inquiries via phone and written correspondence. Recipients are also able to request replacement ID cards.

People who qualify for Supplemental Security Income (SSI) receive, as a benefit, Wisconsin Medicaid. The Social Security Administration determines the eligibility for SSI. The correspondents assist the Social Security Administration and the SSI State Supplement Unit with the maintenance of the SSI recipient's Medicaid file. SSI recipients are able to report a change of address (a temporary change) and also request a replacement ID card by calling the Correspondent Unit.

The Correspondent phone number is 1-800-362-3002.

NOTE: TDD and translation services (140 languages) are available to each unit.

# **Financial Services**

#### **Cash Unit**

The Cash Unit accepts refunds from providers to update the provider's statement of earnings. They also perform collection activities on outstanding account receivables.

# Federal Reporting

Complete necessary federal reports of statistics and expenditures, because the WMAP is funded jointly with state and federal money.

# **Drug Rebate**

Invoice drug manufacturers on a quarterly basis on drug claims that Medicaid has paid. Resolve disputes on invoices billed by verifying drug claims with the pharmacies.

# **Casualty/Subrogation**

Monthly trauma reports, provider referrals, workers compensation quarterly reports, attorneys, or insurance companies identify casualty cases.

# **Estate Recovery Program (ERP)**

Recovers monies from the estates of Medicaid recipients. The recipients must have authorization for nursing home or home health care with no living dependents under the age of 21 and no living disabled children. The four types of recovery that the ERP makes are through affidavits, liens, estate claims, and voluntary refunds.

#### **Insurance Disclosure**

Maintains updated insurance coverage. Insurance companies have a signed contract with the state of Wisconsin to provide Medicaid with all of their policyholder and dependent information. This information is added to the recipients file in order to cost avoid when a provider bills Medicaid.

# **Coordination of Benefits (COB) Unit**

Ensure that the Wisconsin Medicaid Program is a payer of last resort for health care services. This is accomplished by prepayment cost avoidance editing, post payment from insurance companies, and monthly post payment billing to Medicare Part B and private insurance carriers and monthly provider based billing. The COB number is 608-221-4746, extension 3108. Do not give this number to recipients. If a recipient has a TPL question or problem, s/he should call the Recipient Hotline at 1-800-362-3002. If appropriate, the Recipient Hotline may transfer the recipient to the COB unit.

# **BadgerCare Unit**

Premium collection is maintained in this area along with the processing of refunds. The BadgerCare Unit also verifies if a recipient has access to major medical insurance through his or her employer and determines if it is cost-effective for the state to purchase the employer sponsored insurance. To contact the BadgerCare Unit call 1-888-907-4455.

#### **MAPP Unit**

The MAPP Unit functions similar to the BadgerCare Unit. Premium collection is maintained in this area along with the processing of refunds. The MAPP Unit also verifies if a recipient has access to major medical insurance through his or her employer and determines if it is cost-effective for the state to purchase the employer sponsored insurance. To contact the MAPP Unit call 1-888-907-4455.

# **Central Application Processing Operation** (CAPO)

CAPO has two main functions – customer service and application processing. CAPO customer service workers answer telephone inquiries about the SeniorCare program and the status of applications. Application processing staff use CARES to process applications and determine eligibility for Senior Care only. To contact the CAPO call 1-800-657-2038.

# **Operations**

The Operations Unit maintains the hardware, which collects and transmits keyed claims daily to the regional data center in Plano, Texas. The regional data center processes the claims.

# **Claims Support Unit**

The Claims Support Unit (mailroom) is responsible for all incoming and outgoing mail. Staff receive, sort, batch, and microfilm all claims and PA (Prior Authorization) requests. This area mails Remittance and Status (R&S) reports, checks, Medical Assistance ID cards, provider publications, and third party liability (TPL) claims.

# **Claims Processing**

There are two Exam-Entry departments, Consolidated Services and Professional Services. The trained exam-entry personnel review and enter claims data into computer terminals that transmit data to the claims processing subsystem. They respond to various online system edits such as validating recipient, provider, procedure code, and diagnosis code information. Each department also has a Medical Resolution staff dedicated to adjudicating claims in accordance with established state guidelines and professional consultant review. Consolidated Services and Professional Services include exam entry, resolutions, data entry/control, and specialized research.

Adjustments: Adjustments are corrections to claims, which were originally billed, keyed, or processed incorrectly.

Specialized Research: The Specialized Research coordinator performs late billing and specialized research functions. These functions include assisting with out-of-state processing problems, reviewing and monitoring court ordered and fair hearing claims, and reviewing and submitting retroactive Medicaid eligibility claims.

Data Entry and Control: The Data Entry and Control clerk works to ensure that all claims are batched and accounted for accurately. The clerk enters requests for county and state recipient histories, purged histories, provider histories, and claim copies.

#### **Prior Authorization**

Services in 30 program areas (physician, mental health, drug, dental, etc.) need authorization before services can be provided. This unit processes prior authorization requests following formal written DHCF guidelines. Requests are processed within 24 hours. Professional consultants and a number of DHCF consultants review them. EDS also has a system called STAT PA. Providers access this automated prior authorization system to receive immediate decisions for certain prior authorization requests.

# **Provider Services**

# **Provider Correspondence Unit**

The Correspondence Unit works with the provider community assisting with questions and billing problems by phone and written correspondence, and through "walk-in" visits. The Provider Correspondent number is 1-800-947-9627, 608-221-9883 local. Do not give this number to recipients. Only providers can call this number.

#### **Provider Maintenance Unit**

The Provider Maintenance Unit updates and maintains files for active Wisconsin Medicaid providers. In conjunction with state regulating and licensing bureaus, the unit certifies new providers and re-certifies active providers. The unit is also responsible for out-of-state youth, in-state emergency, and special projects assigned by the state.

#### **Electronic Media Claims**

The EMC Unit markets and supports providers who submit claims using tape or telephone transmission. EMC also supports an electronic bulletin board (EPIX) for providers to access EMC information and the Direct Information Access Line (DIAL-UP), which allows providers to have online eligibility and other file information.

# **Professional Relations Representatives**

The Professional Relations Representatives are located throughout the State and work with the provider community. Each representative works with his or her territory providers on complex claim situations by telephone or written correspondence and through on-site visits. The Professional Relations Unit also performs provider training and represents EDS at health care association seminars, conventions, and meetings. The Professional Relations Representatives work exclusively with the Division of Health Care Finance and the Division of Public Health on Prenatal Care and Child Coordination benefits for Milwaukee County. Refer to Attachment I for the Professional Relations Representative's numbers.

#### **Publications**

The Publications Unit coordinates the planning, development, production, and distribution of all materials sent to providers, recipients and other interested parties. This includes provider handbooks, bulletins, Remittance and Status Report messages, and provider association newsletter articles. The unit is responsible for provider handbooks, replacement pages, recipient handbooks, other fee-for-service publications, and managed care handbooks.

# **Project and Policy Management**

# **Project Management Team**

Project Management implements external customer project requests and internal projects such as streamlining issues. The team identifies the details of a project, develops a solution, and is responsible for managing the project through its completion. In addition to managing customer projects, the team is responsible for two major reporting areas: Surveillance and Utilization Review (SUR) and Management and Administrative Reporting (MARS).

Surveillance and Utilization Review (SUR): The SUR area maintains computer files used to produce reports, which monitor provider and recipient use of Wisconsin Medicaid. The unit refers suspected fraudulent or abusive activity to the DHCF SUR Unit or to the University of Wisconsin Medical Evaluation Program for investigation. The SUR area is also responsible for monitoring the production of several monthly and quarterly reports (benefit history and medical policy purge reports).

Management and Administrative Reporting (MARS): This area provides DHCF and EDS with information for fiscal planning. The area monitors claims processing, provider and recipient participation, and utilization. The staff also provides financial and statistical information for completion of federal reports.

# **Program Policy**

The Program Policy unit translates the policy and reimbursement directives of the DHCF into the adjudication guidelines and policy manuals. This unit maintains the procedure, drug, diagnosis, edit, audit, message, pricing, and institutional rate files.

# Legislative/Investigative Specialist

The Legislative/Investigative Specialist performs in-depth research for DHCF, appears in court on behalf of the organization for cases involving provider and recipient fraud, and coordinates the system performance review (a federal audit). The specialist also provides documentation and assistance to outside law enforcement agencies such as the Department of Justice, the FBI, local police departments, and the Internal Revenue Service. The specialist also provides documentation and assistance to investigative units such as Crime Victim Compensation and Legal Action of Wisconsin, and refers cases of potential fraud or abuse to the state SUR.

# **Quality Assurance**

The Quality Assurance Unit researches and responds to DHCF-initiated audits from the Claims Processing Assessment System (CPAS), a federally mandated program through CMS (Centers for Medicare and Medicaid Services). The unit reviews the DHCF documented results and responds with recommendations for corrective action (adjustments, adjudication updates or changes).

# **System Support**

# **Systems Engineers**

- Business Associates (BAs)
- Technical Associates (TA's)
- System Engineers (SE's)
- Advanced Systems Engineers (ASE's)
- Senior Systems Engineers (SSE's)
- Administrative Support

The Systems Unit is responsible for developing, maintaining, and enhancing the MMIS (Medicaid Management Information System). This includes Division-initiated modifications as well as internal modifications and improvements. A key maintenance function is being "on call" for the production claims processing cycles. Cycles run daily and throughout the weekend. This unit is responsible for monitoring the cycle to ensure accurately and timely processing of claims. These cycles also produce the reports, which are used by DHCF for federal reporting and to track utilization by providers and recipients.

# **Administrative Support**

#### **Central File**

The Central File area is the account resource center. This area maintains all incoming and outgoing correspondence (e.g., memos, sign-offs, and logs) with the DHCF. They coordinate the preparation and distribution of the Monday Memorandum.

#### **Administrative Personnel**

The Administrative Personnel have various duties. Administration handles expense reports, time cards, supply orders, and disseminates insurance information. They offer support for telephone operation and voice mail, perform data and word processing, and update state documentation.

# Switchboard Operator (Receptionist)

The receptionist is also part of Administration, and shares some of the data processing responsibilities. The receptionist schedules interviews, answers the switchboard and routes incoming phone calls.

# **Other Business**

There are three departments that have separate contracts with the Medicaid Program: Supplemental Security Income (SSI), the County and Local Government Department, and the Medicaid Evaluation and Decision Support System (MEDS).

# **Supplemental Security Income (SSI)**

SSI is financed through general tax revenues. The 1995-97 budget directed the DHSS to assume the administration of the state SSI payments. SSI produces the weekly and monthly payment checks, answers phone calls from recipients, social workers, benefit specialists and advocates, and make eligibility file updates and perform financial transactions. To contact this unit call 1-800-675-0249 or 1-608-221-0148. The fax number for the unit is 608-221-0991.

# **County and Local Government Department**

The County and Local Government Department is comprised of five "whole processing" teams that are responsible for the administration of several county and state agency contracts. Whole processing means that each area handles all aspects of the job in a program as opposed to each area handling only one process (opening mail, entering claims, etc.) of all of the programs.

# Medicaid Evaluation and Decision Support System (MEDS)

As EDS processes health care claims and managed care data, it gathers a wealth of data that can support cost-effective decision-making related to the administration of the Medicaid Program. To assure the data is quickly and easily accessible to its staff, the Wisconsin Medicaid Program implemented its Medicaid Evaluation and Decision Support (MEDS) project. MEDS information supports the Wisconsin Medicaid Program with:

- Decision Making
- Cost Containment
- Budget Management
- Access to Quality Care
- Outcome Measurement

- Rate Setting and Reimbursement
- Operational Effectiveness
- Auditing
- Program Integrity
- Accountability
- Managed Care Innovation

MEDS is a data warehouse, which is a database organized to serve as a neutral data storage area for data. EDS and Meridian Resource Corporation (sub-contractor) supply technical/professional services and support MEDS.

# **Attachment I: EDS Representatives**

#### EDS (Medicaid Fiscal Agent) Professional Relations Representatives

EDS' Professional Relations Department is available to assist providers in resolving complex billing problems and to assist in provider training activities.

Below is a list of staff and the regions of the state that they serve. Your professional relations

representatives must be contacted through their answering service.

representatives must be contacted through th		
Jude Benish - South Central Wisconsin	Columbia	Green Lake
(608) 836-9428)	Dane	Jefferson
	Dodge	Marquette
Karen Gordon - Northeast Wisconsin	Brown	Marinette
(920) 465-9425	Calumet	Oconto
	Door	Outagamie
	Florence	Sheboygan
	Kewaunee	Winnebago
	Manitowoc	
Cindy Drury - Southwest Wisconsin	Adams	LaFayette
(608) 929-4030	Crawford	Monroe
	Grant	Richland
	Green	Rock
	Iowa	Sauk
	Juneau	Vernon
	LaCrosse	
Maria Schwartz- Milwaukee	Milwaukee	
(262) 695-1915		
Denise Kruswicki – Northwest Wisconsin	Barron	Jackson
(715) 694-2114	Bayfield	Pepin
	Buffalo	Pierce
	Burnett	Polk
	Chippewa	Rusk
	Clark	St. Croix
		Sawyer
	Douglas	Trempealeau
	Dunn	Washburn
	Eau Claire	
Joan Buntin - North Central Wisconsin	Ashland	Portage
(715) 675-3190	Forest	Price
<b></b>	Iron	Shawano
	Langlade	Taylor
	Lincoln	Vilas
	Marathon	Waupaca
	Menominee	Waushara
	Oneida	Wood
Vicky Murphy - Southeast Wisconsin	Fond du Lac	Walworth
(608) 756-1422	Kenosha	Washington
(,	Ozaukee	Waukesha
	Racine	
Teresa Miller	Milwaukee Family	
(414) 227-4256	Project	
(TIT) 221-4230	i iojeci	

# **Attachment II: MA Recipient/SeniorCare Participant Contacts**

#### Medicaid Recipient/SeniorCare Participant Contact Telephone Numbers For recipient/participant use only

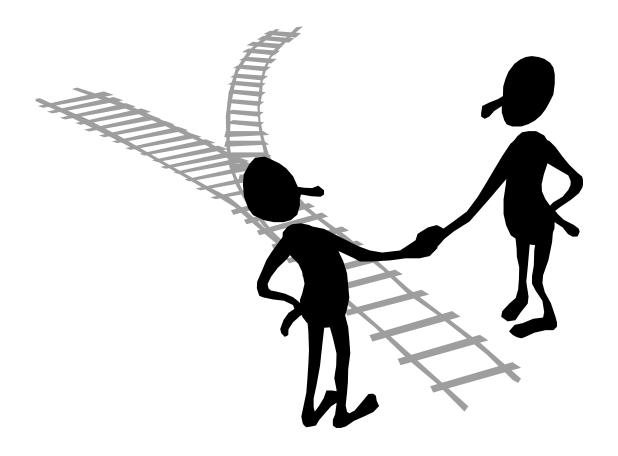
HMO Enrollment Specialists	(800) 291-2002
Recipient Services (Voice/TTD)	(800) 362-3002 (608) 221-9254
Contract Monitor and Ombudsmen	(800) 760-0001
BadgerCare & MAPP Units	(888) 907-4455
State SSI Hotline	(800) 675-0249 (608) 221-0148
CAPO (Note: The CAPO number is not limited to rec	(800) 657-2038

# **Attachment III – EDS Phone Numbers**

# EDS Telephone Numbers (Medicaid Fiscal Agent) For Medicaid Provider use only

Correspondence Unit for Policy/Billing information (including recipient eligibility and prior authorization information)	(608) 221-9883 (800) 947-9627
Voice Response System	(608) 221-4247 (800) 947-3544
DIAL-UP (Direct Information Access Line with Updates	for Providers.) (608) 221-4746
Electronic Media Claims (EMC) Unit	(608) 221-4746
STAT PA	(800) 947-1197 (608) 221-2096

# Medicaid Management Information System (MMIS) Eligibility and TPL Subsystems Input Sources



#### Goal

 Provide a brief overview of the MMIS Eligibility and Third Party Liability (TPL) subsystems input sources.

#### **Objective**

• This section will give the participant a basic understanding of the Eligibility and TPL subsystem update process.

### **Introduction**

MMIS is maintained by the state-contracted fiscal agent, Electronic Data Systems (EDS). MMIS consists of 18 subsystems. Of these 18 subsystems, three subsystems that will be explained: Eligibility, Provider and Third Party Liability (also known as Coordination of Benefits). The Recipient Eligibility Subsystem within MMIS maintains current and historical data pertaining to recipient eligibility for every Wisconsin Medicaid recipient.

The Recipient Eligibility Subsystem is used to:

- Maintain individual Medicaid/BadgerCare eligibility information;
- Issue Forward cards;
- Issue SeniorCare identification cards;
- Process Medicaid/BadgerCare claims;
- Process Medicare/Medicaid crossover claims;
- Perform Third Party Liability (TPL) cost avoidance and post payment recovery;
- Produce Medicaid/BadgerCare management and administrative reporting;
- Produce Medicaid/BadgerCare Managed Care Program enrollment and reporting;
- Process Medicare Buy-In and associated reporting;
- Verify recipient eligibility for Prior Authorization;
- Maintain information about Nursing Home Level of Care, Recipient Liability, Spenddown, Hospice/Lockin, and Provider Lockin.
- Verify participant spenddown and deductible amounts for SC pharmacy claims.

# **Updating Medicaid Recipient Eligibility Files**

The Recipient Eligibility Subsystem accepts input from multiple sources and performs editing on all information received to ensure the accuracy of all updated or changed data before applying it to the recipient eligibility master file. Once the recipient file has been updated, eligibility can be verified via the Recipient Online Screens (RE), Forward card Electronic Verification System, Provider Automated Voice Response, Recipient Hotline, Provider Correspondence or Pharmacy Point of Sale verification.

# **Manual Input Sources**

MMIS recipient files can be manually updated using the following forms:

- Medicaid/BadgerCare Certification Form HCF 10110 (formally DES-3070)
- Third Party Liability Form HCF 10115 (formally TPL-2096)
- Remaining Medicaid Deductible EDS Update HCF 10109 (formally DES-3048)
   Split billing or Spenddown Form

# **Automated Input Sources**

EDS receives Medicaid/BadgerCare recipient information from a variety of automated sources. The majority of the information is received from the CARES system via the CARES/MMIS interface. There are four other major automated input sources that provide recipient information to EDS. These sources are:

- Supplemental Security Income/State Data Exchange (SSI/SDX)
- Medicare Part A and Part B Beneficiary and Earnings Data Exchange (BENDEX)
- Insurance Disclosure Data Exchange
- Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS)

# **CARES/MMIS Interface**

- CARES Individual Clearance Process: Be certain to select the correct person when completing the clearance process in CARES. If the correct individual is not selected or if a new individual is incorrectly created (PF22) all eligibility and case information related to the correct individual cannot be attached to his or her "new" PIN in the MMIS. Selecting the wrong individual or creating a new individual creates edits at MMIS because MMIS is unable to "match" the individuals already known to MMIS with the individual being sent over from CARES. As a result of this failure to match individuals, eligibility on MMIS is delayed or not created.
- When case confirmation occurs on CARES to open or change a Medicaid assistance group, one or more records are sent to EDS that evening through the

CARES/MMIS interface. Every MMIS interface record is reviewed to ensure the required information is complete and accurate. If any of the information is missing or invalid, an error record (edit) will be returned to CARES. There are several types of interface edits. Certain edits fail for review by EDS Recipient Services staff to resolve the problem while others are automatically sent to CARES for worker review. Within the edits sent to CARES, some edits are sent to the MIER screen with alert 120 to notify the worker that an edit has occurred. Another set of edits is sent to EOS reports for worker resolution.

- MMIS File Clearance: This is a process of comparing a CARES recipient record against the MMIS eligibility master file to determine whether a match already exists on MMIS. The process uses a combination of CARES PIN, Medicaid identification number, and recipient control information to determine whether the recipient already exists on the MMIS master file. If a demographic mismatch occurs, the record will be "failed" for review and resolution by EDS staff.
- Weekly Reconciliation: CARES sends Reconciliation records to MMIS weekly.
  These records are a combination of certain new records and a summarization of all
  daily records sent to MMIS for the past week. In addition, CARES sends records for
  all Medicaid eligibility that was confirmed in the past week that did not involve a
  change in Medicaid or BadgerCare on CARES. This process ensures that all
  appropriate CARES records are applied to MMIS. These records update MMIS
  weekly, usually on Friday evening.
- Adverse Action (AKA "Cut-off"): CARES sends adverse action records to EDS monthly. This transaction ends Medicaid or BadgerCare eligibility at the end of the current month and prevents eligibility from remaining on file into the next month.

# Supplemental Security Income/State Data Exchange (SSI/SDX)

Each week EDS receives Medicaid eligibility information from the Social Security Administration for recipients who are receiving supplemental security income in Wisconsin.

# Medicare Part A and Part B Beneficiary and Earnings Data Exchange (BENDEX)

Each month EDS receives Medicare Part A and Part B eligibility information from the Social Security Administration. The Medicare data is applied to the recipient files and is used to cost-avoid Medicaid/BadgerCare costs. If the recipient is eligible for Buy-In, the state pays for the Medicare premiums.

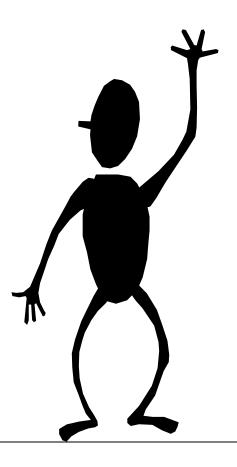
# **Insurance Disclosure Data Exchange**

98% of the insurance carriers in Wisconsin provide EDS with their entire policyholder file of private insurance coverage each month. EDS matches the insurance carrier file against the MMIS to find new and updated insurance information. The insurance information is applied to the recipient files on MMIS. The MMIS/CARES interface will apply new or updated insurance information to the recipient's CARES case. This information coming from EDS to CARES is known as "verified TPL". Local certifying agencies can modify the policy end date for these plans by updating CARES, however they may not alter the policy number, start date and other identifying information on verified plans.

#### **WISACWIS**

Each day EDS receives Medicaid eligibility information from Child Welfare for Foster Care and Subsidized Adoption recipients.

# **MMIS On-Line Screens**



#### Goals

- To provide the participants with information that will enable them to access and navigate through the MMIS Online screens.
- To identify and explain the information displayed on the screens.

#### **Objectives**

This section will provide participants with an understanding of:

- How to access the MMIS Online screen.
- How to navigate through the MMIS Online screens.
- How to identify and utilize recipient, provider, and TPL information which is pertinent to the participant's job function.
- How to utilize the MMIS Online screens to resolve recipient, provider, and TPL problems.

### **Introduction**

This section contains the logon/logoff process for Medicaid Management Information System (MMIS) on-line screens. A sample of each screen with an explanation of the fields is also included. The screens that are accessible to you are BD, MI, RB, RC, RE, RL, RM, RN, RT, RU, TM, TR, P1, PM, SD and SS. These screens display information about recipients, providers and insurance carriers.

BD: BadgerCare Premium information search by primary person's ID number.

MI: Card management database search by recipient ID number.

RB: Recipient Base information search by recipient ID number.

RC: Recipient Claim information search by recipient ID number.

RE: Recipient Eligibility information search by recipient ID number.

RL: Recipient Liability information search by recipient ID number.

RM: Medicare information search by recipient ID number.

RN: Recipient ID information search by name.

RT: TPL information search by recipient ID number.

RU: Nursing Home Authorization, Spenddown, Lock-in, and Hospice information search by recipient ID number.

TM: Search by insurance provider name in order to find TPL carrier code, complete carrier name and address.

TR: Search by insurance provider carrier code to find TPL carrier information.

PM: Provider information (number) search by provider name.

P1: Provider information (name) search by provider number.

SD: SeniorCare ICN information search by participant ID number.

SS: SeniorCare Enrollment Spenddown/Deductible information search by participant ID number.

# **Logon/Logoff Procedures**

# **Logon Procedures**

1. At the WSRCC screen (Example Screen #1), in the ENTER SELECTION HERE field, type EDSNET and press [enter].

Example Sci	reen #1			
01/28/99 12:	39:33 SELECT	ION SCREEN (U	JSSMSG10)	VTAM: LOCXU66A
	CBT1			
	CICSBP	CICSDP	CICSDP24	
	CICSFP3	CICSFP4	CICSHP	CICSP330
	EOSP	FH		
	IBM	IMAGE	IMSBP	IMSFP
	MENUMGR		REFRESH	TSO
	WISMART			
THIS SYSTEM IS FOR AUTHORIZED USERS ONLY; SYSTEM ACCESS IS MONITORED. BY USING				
THIS SYSTEM Y	OU EXPRESSLY CO	NSENT TO THIS	MONITORING.	EVIDENCE OF UNAUTHORIZED
ACCESS WILL B	E PROVIDED TO T	HE APPROPRIAT	E LAW ENFORCEM	MENT AGENCIES.
ENTER SELECTI	ON HERE: EDSNET			

2. When the EDSNET screen (Example Screen #2) displays enter your logon ID and password.

LOGON ID: Enter your six-character logon ID, then space bar twice or use the tab key to reach the password field. Do not press [enter].

PASSWORD: Enter your password and press [enter]. Your password must be 8 total digits. It must contain 1 number with a maximum of 3 numbers. It can't have more than 2 of any 1 character.

Example Screen #2	
EEEEEEEE DDDDDDDD SSSSSSSS NNN NNN EI	EEEEEEE TTTTTTTTTTT
EEEEEEEE DDDDDDDDD SSSSSSSS NNNN NNN EE	EEEEEEE TTTTTTTTTTTT
EEE DDD DDD SSS NNNNN NNN EEE	TTT
EEEEEEEEE DDD DDD SSSSSSSS NNN NN NNN EEEE	EEEEE TTT
EEEEEEEEE DDD DDD SSSSSSSS NNN NN NNN EEEEE	CEEEE TTT
EEE DDD DDD SSS NNN NNNNN EEE	TTT
EEEEEEEE DDDDDDDDD SSSSSSSS NNN NNNN EEEEEEE	CEE TTT
EEEEEEEE DDDDDDDD SSSSSSSS NNN NNN EEEEEEEE	E TTT

3. The application selection screen (Example Screen #3) will display. Enter the number that corresponds with the "CICS PROD ---- E5" Application/Description. It should always be "1" in the selection field and press [enter].

4. When the Welcome Screen displays (Example Screen #4) type WIOL over the word WELCOME at the top left of the screen and press [enter].

```
Example Screen #4
WIOLOME TO CICS 4.1.0 DRC2 - OLSCIPE5
     E A E C I C E 5 MVS/ESA
                           SP5.2.2 M9021 CICS 4.1.0
     NETNAME: TDYAAGS9 TERMINAL: #B2J DATE: 01/11/99 TIME: 15:34:02
            CC
                 CC PP
                         PP EE
                                     55
          CC
                   PP
                        PP EE
                                     55
         CC
                  PP
                        PP EE
        CC
                 PPPPPPPPPPPP EEEEEEE
                                  55555555
        CC
                PPPPPPPPPPP EEEEEEE
                                  555555555
       CC
                PP
                        EE
                                        55
```

5. The Wisconsin Online Menu will display (Example Screen #5). Enter data on the following fields: Sys Action, Clerk, Update files, and Key. Do not press [enter] until all four fields have been completed.

SYS ACTION: Enter the screen type code BD, MI, RB, RC, RE, RL, RM, RN, RT, RU, TM, TR, P1, PM, or SS (Note: SD can only be accessed by selecting a segment on the SS).

CLERK: Enter your four digit clerk code (this will be assigned to you with your logon ID). This will probably be CNTY.

UPDATE FILES: Enter "N".

KEY: Press the space bar and then enter to bring up the desired screen or enter the reference number (e.g., provider number or recipient Medical Assistance number) necessary for the particular screen you want to view. For example, in order to view the recipient eligibility information found on the RE screen, enter the recipient's ID number and press enter.

```
Example Screen #5
WISCONSIN ON-LINE PROCESSING MENU
 SYS ACTION
                 MSG
 CLERK
                                                  UPDATE FILES?
                                                                      (Y/N)
 KEY
                          SUBKEY
                                                    ICN(AD)
   WELCOME TO WISCONSIN'S ON-LINE PROCESSING FUNCTIONS. TO ACCESS THE
   SCREEN YOU WANT TO USE, KEY THE REQUESTED INFORMATION IN THE ABOVE
   FIELDS AND HIT THE 'ENTER' KEY. TO PAGE THROUGH THE MENU OF AVAILABLE
   SYSTEM ACTIONS, HIT PFK4 TO PAGE FORWARD AND PFK5 TO PAGE BACK.
 SYS ACTION RESULTING SCREEN
                                              SYS ACTION RESULTING SCREEN
          ADJUSTMENTS
                                             AI ICN ADJUSTMENT MASTER
AR A/C RECEIVABLE - INQUIRY
A1 AMR CALCULATED RESULTS
     ΑD
            A/C RECEIVABLE - PROVIDER
          AMR DATA ELEMENTS REQUEST
     ΑO
                                             AT AMR CALCULATED RESULTS
AS AMR LIMIT REQUESTS
AS AMR REFERENCE REQUEST
BP BANK RECON BY PROVIDER
           AMR REPORT DEFINITION

AMR ELEMENT DESCRIPTION

AMR REFERENCE LIMIT

BANK RECON - INQUIRY
     A2
     Α4
     A 6
                                              CA AGED INVENTORY - CLM TYPE
            AGED INVENTORY
                                              CL LOCATION
CP CASH REC
     CG
             SUMM REPORTS-RCPTS & PROD
                                                      CASH RECEIPTS BY PROVIDER
                                             CS INVENTORY SUMM BY SECTION
            CASH RECEIPTS - INOUIRY
     DATE: 011199
                                JULIAN DATE: 99011
                                                                  TIME: 16:22:29
```

# **Logoff Procedures**

- 1. From any screen press the PF1 key.
- 2. "Wisconsin" appears on this screen. Enter LOGOFF over WIOL at the top, left of the screen.
- 3. The selection screen then appears. Enter LOGOFF again.
- 4. At this point you will be back to the WSRCC screen.

# **PF Keys**

- **PF1** Used from any screen in order to log off of the Wisconsin Medicaid Management Information System (MMIS). Note: The system action code is a two-character code used to uniquely identify each screen (function is similar to CARES PF10 key).
- **PF2** Used from any screen in order to return to the main menu screen of MMIS (function is similar to CARES PF4 key).
- **PF3** Used from any screen in order to access the MMIS help screen. To get out of the help screen, enter the system action code of the screen that you want to go to next (function is similar to CARES PF1 key).
- Used to page forward, through data, when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF8 key). This PF key can be used on the following screens:
  PM, RC, RE, RL RM, RN, RT, TM, MI
- PF5 Used to page backward through data when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF7 key). This PF key can be used on the following screens:
  PM, RC, RE, RL, RM, RN, RT, TM, MI
- **PF7** Used when selecting specific data on an online screen for more in-depth inquiry. This PF key can be used on the following screens:

PM, RC, RN, RT

**Example:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (RN). When you find a recipient that you would like to obtain further information about, you change the system action code to RE, move the cursor down to that recipient's line of information and press PF7. This will bring you to the RE screen with that individual's information displayed.

- **PF8** Used to return user to previously selected screen. (Function is similar to CARES PF3 key.)
- **PF9** Used to scroll forward through a case.

**Example:** The PF9 key can be used to scroll through all recipients on MMIS with the same case number. For instance, you were looking at a mother's file on RE and she is the case head with two children. You hit PF9 and bring up her child. You hit PF9 again and bring up her other child. You hit PF9 again and return to the mother's file.

**Esc** Used to reset the system when "X?+" appears in the lower left corner of screen. **End** Used to erase line of data from cursor position to the end of the line.

# **Recipient Information**

RB: Recipient Base information search by recipient ID number.

RC: Recipient Claim information search by recipient ID number.

RE: Recipient Eligibility information search by recipient ID number.

RL: Recipient Liability information search by recipient ID number.

RM: Medicare information search by recipient ID number.

RN: Recipient ID information search by name.

RT: TPL information search by recipient ID number.

RU: Nursing Home Authorization, Spenddown, Lock-in, and Hospice information

search by recipient ID number.

# **Individual CLIENT Information**

The EDSNET Query Recipient Screens contain common demographic fields displayed in the header section of each screen. Below is an example of the screen followed by an explanation of each field and the information related to each one.

```
1
     SYS ACTION
                  MSG ALL DATA HAS BEEN DISPLAYED
2
     CLIENT ID 1231776330
                                     NAME NANCY E NUYEN
     PIC 1231776330
                                                                3 -SEGMENTS--
4
    XREF 8711111111
                                   ADRS#1 APARTMENT 103
                                                                       ELG 03
5
    XNAM NANCY E SMILE
                                  ADRS#2 1234 W CLYBOURN
                                                                       TPL 04
     HIC 1231776330A
                                                            WΙ
6
                                  CITY/ST MILWAUKEE
                                                                      AUTH 00
     DOB 03171991 SEX 2
                                 ZIP CODE 53208
                                                                       MED 00
8
    CASE 1230863780
                                REP-PAYEE TINA
                                                       NUYEN
                                                                      LIAB 00
9
                                             DATE: 112498 TIME: 11:05:02
```

**LINE 1**: **SYS ACTION** = System Action Code. A two-character code used to uniquely identify each screen.

**MSG** = Messages. These are online system edits and messages that describe input errors, inform the user of completed transactions, or provide further information or instructions.

LINE 2: CLIENT ID = Search by the 10-digit recipient identification number (MA ID=SSN plus a tiebreaker (usually 0) or pseudo number. Pseudo numbers have an "8" as the first digit. Pseudo numbers beginning with "871" and "872" are assigned by EDS. All other "8" numbers are assigned by certifying agencies. This field will already contain a recipient ID if you accessed the RE screen directly from the RB, RC, RL, RM, RT or RU screens. Overtype the recipient ID displayed if you wish to research a different recipient ID.

A client ID can have one or more cross-reference numbers that were previously entered into the system (most often a temporary ID number before a permanent number is established). Only one x-reference number will display. However, if the individual has had numerous ID number changes, other x-reference numbers will be hidden on their file, but not displayed. The individual's file can be assessed by keying the PIC number, the x-reference number displayed, or by keying any hidden x-

reference numbers. The current ID will appear in the PIC field in all situations.

**LINE 3:** PIC = Personal Identification Code. PIC is the recipient's current ID. The PIC will be the same as the client ID, unless a cross-reference (previous) ID number was entered in the client ID field.

**NAME** = Recipient's Name (first name, middle initial and then last name).

**SEGMENTS** = The number of segments (lines of information) on the screen that corresponds to each subject listed in the "SEGMENTS" column. The numeric value in front of the word "SEGMENTS" indicates the most recent certification type used to update the recipient's file. Valid values are 1= initial; 3= amendment; 4= cancel; 5= ID number change.

Example: ELG 03 = 3 segments on the RE screen.

**LINE 4: XREF** = Cross-reference recipient ID. This is the last recipient ID assigned to a recipient. Cross-reference, or previous, IDs may be seen in either a 10-digit or a 14-digit alphanumeric format (the 14-digit number format is no longer used).

**ADRS#1** = This line contains in-care-of information and can be used for the rep-payee name. It is also used if the ADRS#2 field is not large enough for the complete street address.

**ELG** = Eligibility. Number of eligibility segments found on the RE screen.

**LINE 5: XNAM** = Cross-reference Name. If the recipient has had a name change, the previous name will be displayed.

**ADRS#2** = Address #2. This is the street address where the Forward card is sent. If the address is too large for this line, ADRS#1 field will also be used.

**TPL** = Third Party Liability. Displays the number of TPL segments found on the RT screen.

**LINE 6:** HIC = The health insurance claim number is the recipient's number used to claim Medicare benefits for that recipient.

**Example:** 123456789A or WA123456789

**CITY/ST** = City and State.

**AUTH** = Authorizations. This is the number of Spenddown, Lock-in or Nursing Home authorizations found on the RU screen.

**LINE 7:** DOB = Recipient's Date of Birth. MMDDCCYY

**SEX** = Gender of the individual, a "1" represents a male, a "2" represents a female, a "9" means it is unknown

**ZIP CODE** = Numeric Zip Code.

**MED** = Medicare. Displays the number of Medicare segments found on the RM screen.

LINE 8: CASE = MMIS Case or Rep-Payee Number. The MMIS case number is the recipient ID number of the primary person applying for Medicaid/BadgerCare benefits for the recipient. This number can be the same as the recipient's PIC number. Recipients in the same case will have a common MMIS case number but unique recipient PIC numbers. Note: This is not the CARES case number.

**REP-PAYEE** = Representative Payee. Rep-payee is also known as the MMIS case head or primary person.

**LIAB** = Liability-Institutional. This displays the number of liability segments found on the RL screen.

**LINE 9:** DATE = Date you are accessing the MMIS system.

**TIME** = Time of your last action in the MMIS system.

## Recipient Base Segment Screen (RB)

The RB (Recipient Base) screen contains general recipient information as well as personal information such as race, phone number, and date of birth.

	WISCONSIN	RECIPTEN	T BAS	E. S	SEGMENT (S	3)		
	***************************************	TO TE TEN	1 2110		ZEOLIEIVI (C	,		
SYS ACTION RB MSG AI	LL DATA HAS	S BEEN DI	SPLAYED					
CLIENT ID 1231776330	)							
PIC 1231776330			NANCY					
		- "					JG 02	
XNAM NANCY E SMI								
HIC 1231776330A		- , -			WΙ			
DOB 03171998 SEX 2 CASE 1230863780	2	ZIP CODE	53208				D 00	
CASE 1230863780	1	REP-PAYEE	TINA	NGU	YEN	LIA	7B 00	
1 2 3	4 5	6	7	8	9	10	11	
TELEPHONE R DOB	DOD SR	SCREEN	NM-CHNG	A-UPDT	B-UPDT	BUY-EL	BUYIN	
4140007610 3 03171998	3 000000 B	052898	000000	000000	000000	000000	в 1098	
12 13 14	15		16		17		18 19	
L-CERT L-CHNG ID-ST	SI		MC-STATUS	S MC-PR	OVIDER-B	EGIN I	KDT AI	
112098 112098 060198			000000	0 0	000000	1	.198 C	
20 21 22	23							
CC WRKR PIN	C-CASE							
040 XMI749 451865631	18 4106222	141						
DATE: 113098 TIME: 14	1:53:41							
L-CERT L-CHNG ID-ST 112098 112098 060198  20 21 22  CC WRKR PIN 040 XMI749 451865631	23 C-CASE 18 41062223		MC-STATUS		OVIDER-B	EGIN I	KDT AI	

- **FIELD 1: TELEPHONE** = Displays the case head's telephone number.
- **FIELD 2:** R = The race of the recipient is displayed in this field (this is an optional field).
  - 1 = White
  - 2 = Black
  - 3 = American Indian or Alaska Native
  - 4 = Asian
  - 5 = Hispanic or Latino (no race information available)
  - 6 = Native Hawaiian or other Pacific Islander
  - 7 = Hispanic or Latino and one or more races
  - 8 = More than one race (Hispanic or Latino not indicated)
  - 9 = Unknown
- **FIELD 3: DOB** = The recipient's date of birth is displayed in this field, including century.

- **FIELD 4:** DOD = The recipient's date of death is displayed in this field.
- **FIELD 5: SR** = This code displays the result of the last HealthCheck screening given the recipient.
- **FIELD 6:** SCREEN = This is the date of last HealthCheck screening.
- **FIELD 7: NM-CHNG** = Displays the date a name change was applied to the file. MMDDYY
- **FIELD 8:** A-UPDT = This is the date Medicare Part A coverage was added to the file. This is for internal use at EDS.
- **FIELD 9: B-UPDT** = This is the date Medicare Part B coverage was added to the file. This is for internal use at EDS.
- **FIELD 10: BUY-EL** = This is the start date from the most recent Medicare Buy-In segment. This is for internal use at EDS.
- **FIELD 11: BUYIN** = This field displays the Buy-In action flag and the effective date of the Buy-In action. CARES and manual transactions update the Buy-In action flag and date. Date is in MMYY format.

A = QMB

B = SLMB

U = SLMB +

T = ALMB (discontinued 1202).

X = Stop Buy-In.

- **FIELD 12:** L-CERT = This is for internal use at EDS.
- **FIELD 13:** L-CHNG = This is for internal use at EDS.
- **FIELD 14: ID-ST** = This is for internal use at EDS.
- **FIELD 15:** SI = This is for internal use at EDS.
- **FIELD 16:** MC-STATUS = The code displayed in this field is the HMO enrollment status. It is either an alpha or numeric code and date.

A = Enrollment Packet for voluntary area

B = Reminder Card for voluntary area

1 = Enrollment Packet for mandatory area

2 = Reminder Card for mandatory area

3 = Attempted to Auto Assign no HMO available

4 = Auto Assignment for mandatory area where HMO is available

The date displayed is the effective date of the Managed Care Enrollment status. MMDDYY

FIELD 17: MC-PROVIDER-BEGIN = These three fields are currently not used.

LKDT = This is the HMO lockin date. After the lockin date the recipient may change his or her state-contracted HMO. MMYY

#### Example:

The recipient did not choose an HMO and therefore was automatically enrolled into an HMO. The lockin date is set twelve months from the date of HMO enrollment. The recipient can choose to change HMOs within the first three months of enrollment. If the recipient does not change into a different HMO, the lockin date will expire at the end of the twelve months.

If the recipient does change HMOs, the lockin date will be reset to twelve months from the new enrollment date.

**FIELD 19:** Al = Assignment indicator. The method of assignment of a recipient to a state-contracted HMO is displayed on this field. The codes are:

A = auto-assigned by the EDS system

C = choice, entered manually

R = reassigned by the EDS system

- **FIELD 20: CC** = Certifying Agency Code. Three-digit numeric code designating the most current certifying agency on the RE screen. Refer to Addendum I for a complete listing of county codes.
- **FIELD 21:** WRKR = This field displays the ID number of the certifying agency caseworker. This number comes from CARES or from manual data entered into MMIS.
- **FIELD 22: PIN** = This is the Recipient's CARES Personal Identification Number. This number is not the same as the MMIS recipient ID.
- **FIELD 23:** C-CASE = This is the CARES Case Number. All members within the same case have the same CARES case number. This number is not the same as the MMIS Rep-Payee case number.

# **Recipient Claims Screen (RC)**

The RC screen provides information on the status of claims. Use the recipient's identification number to access the information.

DATE	121098		WISCONSIN	N RECIP	IENT CLA	AIMS INQUI	RY	T	IME: 11:3	4:31
2	ACTION RO		G MORE CLAIMS	S FOR KE	3	SS PF4 TO				<b>GE</b> 01
			4			6		7	8	
SELE	CT OPTION	NS:	PROV BASE	10		JSP/PAID 11	FI	00S 12	TDOS	
			RA-DATE	B-AM		CT	I	REG/ICN		
			13 TYPE	14 LOC	RI	15 EQUESTOR				
16	17	18		19	20	21	22	23	24	25
							(	COPAY	PAID 1	RA-DTE
NO	PROV #	ICN		FDOS	TDOS	BILLED	s	LC DY	L LC DY	TDP
1	32700900	2098	392200201470	082492	082492	4850	С	00	2302	092592
2	33140400	1013	397100111720	052897	052897	5108	С	00	4373	053097
3	32730000	201	197100009920	052897	052897	14800	С	00	4531	061597
4	11010700	2313	397100028720	052897	052897	5700	С	00	16423	062297
5	33210200	1013	397100060740	053097	053097	8189	С	00	8039	060897
6	32830100	2098	397100112400	053097	053097	14090	С	00	2786	072097
7	32830100	2098	397200093370	062397	062397	4650	С	00	1960	080397
8	32970400	2013	398000014160	102997	102997	3750	D	00	00	011198
9	60000900	6093	398000480830	020198	022898	12274	С	00	12274	012598
10	60000800	6093	398000406190	030198	033198	12286	С	00	12286	022298
11	60000800	6093	398100425320	060198	063098	12286	С	00	12286	052498
12	60000800	6093	398100421830	070198	073198	12286	С	00	12286	062198
13	60000800	6093	398200422920	080198	083198	12286	С	00	12286	072698
14	60000800	6093	398200421380	090198	093098	12286	С	00	12286	082398
CLAI	26 MS SHOWN		14							

**FIELD 1: PAGE** = This field displays the page number of the screen being viewed.

- **FIELD 2:** MA# = This is the Identification Number of the individual whose claim information is displayed on this screen.
- **FIELD 3:** NAME = Recipient Name. After entering the recipient's identification number, the name of the recipient is automatically displayed in this field.

**SELECT OPTIONS:** Fields 4-12 can be used to limit your search. A combination of any of the select options can be used to obtain claims information related to this individual.

**FIELD 4: PROV BASE** = Provider Base Number. The provider base number is the first six digits of the eight-digit provider number.

- **FIELD 5: SUF** = The last two digits of the eight-digit provider number are displayed in this field.
- **FIELD 6:** SUSP/PAID = Suspend/Paid. If you enter "S", all suspended (pending) claims are displayed. If you enter "P", all paid claims are displayed. If you leave this field blank, all claims appear.
- **FIELD 7: FDOS** = FROM Date of Service. If you enter a date in MMDDYY format, the system displays all claims with dates of service equal to or greater than the date entered.
- **FIELD 8:** TDOS = TO Date of Service. If you enter a date in MMDDYY format, the system displays all claims between the FDOS (from date of service) and the date entered in this field.
- **FIELD 9:** RA-DATE = Remittance and Status Report Date. If you enter a Remittance and Status (R&S) date, all finalized claims from that R&S are displayed (this is a report sent to providers which indicates claims paid and the status of these that have not been paid).
- **FIELD 10: B-AMT** = Billed Amount. You may enter a dollar amount billed for a specific claim. The dollar amount can be up to seven digits.
- **FIELD 11:** CT = Claim Type. A specific type of claim can be accessed by entering the two-digit claim type. Refer to Addendum IV for a listing of Claim Types.
- **FIELD 12: REG/ICN** = Region/Internal Control Number. You may enter the two-digit region or a specific claim ICN.

  Note: You must also use the CT and REG fields with the ICN field.
- **FIELD 13:** TYPE = Disregard this field
- FIELD 14: LOC = Disregard this field
- FIELD 15: REQUESTOR = Disregard this field
- **FIELD 16:** NO = Segment number
- **FIELD 17: PROV #** = Provider's Medicaid Number. This is the provider's eight-digit Medicaid identification number.
- **FIELD 18: ICN** = Internal Claim Number of the claim. This is the 15-digit internal control number for the specific claim.

**FIELD 19: FDOS** = FROM Date of Service. This is the FROM date of service in MMDDYY format.

**FIELD 20:** TDOS = TO Date of Service. This is the TO date of service in MMDDYY format.

#### Example:

Medical services are provided from <u>05/28</u> to <u>05/31</u> Services were provided on 05/28, 05/29, 05/30, and 05/31/97

- **FIELD 21:** BILLED = This is the dollar amount the provider has billed for the claim.
- FIELD 22: S = Status. This is the status of the claim. The status codes are:
  - B = Claim is pending C = Claim is paid
  - D = Claim is denied
  - M = Claim is denied
  - V = Cash pay-out has occurred
  - W = Claim is adjusted
- **FIELD 23: COPAY LC DY** = Co-payment. If the claim is paid, the co-payment amount is shown in this field. If the claim is pending, ignore information in this field. This is the amount the recipient is expected to pay the provider for that date of service.
- **FIELD 24: PAID L LC DY** = If the claim is finalized, the total amount paid is shown in this field. If the claim is pending, ignore information in this field.
- **FIELD 25: RA-DATE TDP** = Remittance and Status Report Date. If the claim is finalized, the R&S date appears in this field. If the claim is pending, ignore the information in this field. Disregard field TDP.
- FIELD 26: CLAIMS SHOWN = This is the number of claims displayed on this screen.

#### **Recipient Eligibility Screen (RE)**

This screen contains data specifically related to Medicaid/BadgerCare certification (eligibility). Basic information such as dates of eligibility, medical status code, MCP (Managed Care Program) membership, agency/county code, and third party liability (TPL) indicators are found on this screen. Note that each line in the body of the RE screen represents the recipient's eligibility status for only that specified range of dates.

Example: 3/17-5/31 = 31 Medical status code

```
WISCONSIN RECIPIENT ELIGIBILITY SEGMENT(S)
 SYS ACTION RE MSG ALL DATA HAS BEEN DISPLAYED
CLIENT ID 1231776330

      PIC
      1231776330
      NAME
      NANCY
      E NGUYEN

      XREF
      8711111111
      ADRS#1
      APARTMENT
      103

      XNAM
      NANCY
      E SMILE
      ADRS#2
      3025 W CLYBOURN

      HIC
      1231776330A
      CITY/ST MILWAUKEE
      WI

      DOB
      03171998
      SEX
      2
      ZIP CODE
      53208

      CASE
      1230863780
      REP-PAYEE
      TINA
      NGUYEN

                                                    NAME NANCY E NGUYEN 3 SEGMENTS--
                                                                                                           ELG 03
                                                                                                           TPL 04
                                                                                                          AUTH 00
                                                                                                           MED 00
                                                                                                          LIAB 00
                        6 789
                                                         10
                                                                  11 12
CC AGC ADB MC PROVIDER MS-M E-BEG E-END REA L-CHNG ADD-DT COST-AVOID ST
040 05 53A 13 69000930 CC 1 060198 123198 00 112098 112098 WPS
                                                                                                                 0.0
040 05 53A 13 69000930 CC 1 060198 123198 FF 112098 072098 WPS
                                                                                                                 12
040 05 53A
                                    31 1 031798 053198 00 111998 043098 WPS
   16
                            17
ID-ISS 120198 ID-END 123198
                                                                             DATE: 113098 TIME: 09:42:23
```

- **FIELD 1: CC** = Certifying Agency code. The code represents the agency or county certifying eligibility for this individual. Refer to Addendum I for a complete listing of agencies.
- **FIELD 2: AGC** = W-2 certifying agency assigned code. The W-2 code is associated to the Certifying Code (CC). Refer to Addendum II for a complete listing of W-2 privately contracted offices. "00" correlates to the Human Services Department in each county, as opposed to the privately contracted W-2 Agency.
- **FIELD 3:** AD = Federal aid code. This is a System generated code from medical status code. Used by federal reporting; internal EDS use only.
- **FIELD 4: B** = Budget aid code. Alphanumeric A-W & 9. System generated from medical status code. Used by federal reporting; internal EDS use only.
- **FIELD 5:** MC = Managed Care Program. This is the numeric code used to indicate the managed care program in which the individual is enrolled. Refer to Addendum III for a list of current MCP and MCP exemption codes. The

MCP exemption codes prevent an individual from being enrolled in an HMO.

- **FIELD 6: PROVIDER** = Assigned MCP Provider Number. This is the MCP Provider who is responsible for either treating or referring the assigned recipients.
- **FIELD 7: MS** = Medical Status Code. Refer to Appendix B for a list of Medical Status Codes. This alphanumeric code indicates the category of Medicaid/BadgerCare the individual has been determined eligible to receive.
- **FIELD 8: M** = Title XVIII (Medicare) code. This numeric (1-5) code indicates the individual's Medicare eligibility status.
  - 1 = Has no Medicare Coverage
  - 2 = Has Medicare Part A Coverage Only
  - 3 = Has Medicare Parts A and B Coverage
  - 4 = Has Medicare Part B Coverage Only
  - 5 = Has Medicare Part A, eligible for Part B, has elected not to participate in Part B (not currently used).
- **FIELD 9: E-BEG** = Effective begin date of eligibility (from date). The first date the individual is eligible for a specific category of Medicaid/BadgerCare. MMDDYY
- **FIELD 10: E-END** = End date of eligibility (thru date). The last date the individual is eligible for that category of Medicaid/BadgerCare. MMDDYY
- **FIELD 11: REA** = Reason code. The system generates these codes according to update information that is being applied to the segment. The values and meanings of eligibility transaction-prompted reason codes are:
  - 00 = segment open
  - 08 = card validity segment/county/CARES generated cancel
  - FF = Audit trail for updated information which is purged on the weekly cycle.
- **FIELD 12:** L-CHNG = Date of last change to this segment. System generated from the eligibility transaction process date. For internal EDS use only.
- **FIELD 13:** ADD-DT = Date this segment was added to the file. System generated from the eligibility transaction process date. For internal EDS use only.
- **FIELD 14: COST-AVOID** = Cost avoidance codes. Three fields used for third party liability avoidance editing. The first cost avoidance code is for non-dental carriers. The second field is for dental plans only. The third field is for

Medicare Managed Care. The cost avoidance codes are placed on the Eligibility segments by corresponding TPL segments.

- **FIELD 15:** ST = Error status. System generated code. For internal EDS use only.
- **FIELD 16: ID-ISS** = This is for internal use at EDS.
- **FIELD 17: ID-END** = The last day of the most current benefit month that the recipient is eligible.

**Example:** The current benefit month = April 2001. The recipient eligibility ended January 31, 2001. The ID-END date = 013101. If eligibility ends in the future, e.g. December 01, the ID-END date = 043001.

## **Recipient Liability Screen (RL)**

The liability (segment) screen contains information regarding the amount of the recipient's institutional liability. The system automatically deducts the amount listed from each monthly institutional claim for the individual.

	WISCONSIN	RECIPIENT	LIABIL	ITY SEGMI	ENT(S)	
SYS ACTION RL MS CLIENT ID 120000	_	HAS BEEN DIS	SPLAYED			
PIC 1200009180		NAME	JERRY	W BYRD		3 -SEGMENTS
XREF 9200009180 XNAM TONY W HIC 120000918A DOB 03211923 S CASE 1200009180	BYRD EX 1	ADRS#1 ADRS#2 CITY/ST ZIP CODE REP-PAYEE	1475 BI GREEN B 54166	RCH HILL LI	N WI	ELG 02 TPL 02 AUTH 02 MED 01 LIAB 03
1	2	3	4	5	6	
	<b>START-DT</b> 040198 032698 090197	093099 ( 033198 (		1050.00		
		I	DATE: 11	3098	TIME: 13	:35:23

- **FIELD 1: NO** = Segment number. May not necessarily appear in transaction date order.
- **FIELD 2: START-DT** = Start date of liability amount. The first date on which this amount of liability begins. MMDDYY
- **FIELD 3: END-DT** = End date of liability amount. The last date for this amount of liability. MMDDYY
- **FIELD 4:** ADD-DT = The date this segment was added to the MMIS file. Internal EDS use only.
- **FIELD 5: LIA-AMT** = The amount of recipient's liability that must be paid by him or her towards his or her monthly institutional care.

**Example**: 1000.00

**FIELD 6:** L-CHNG = Date of the last change made to the segment. Internal EDS use only.

## Recipient Medicare Segment Screen (RM)

The Recipient Medicare screen contains information supplied by the CMS Buy-In response file of Medicare Premium Assistance billing, rejection and informational records. Starting in November 2004, the MMIS updates this screen around the 8<sup>th</sup> of the month. The client's most recent Medicare Premium Assistance (Buy-In) activity appears on this screen and historical activity is routinely purged by the MMIS. CARES processing and corrective action information for workers can be found in the Medicare Premium Assistance (Buy-In) Process Desk Aid at <a href="http://www.dhfs.state.wi.us/em/">http://www.dhfs.state.wi.us/em/</a>

		WISCONS	IN RECIPIENT	MEDICARE	SEGME	ENT(S)		
SYS ACTION CLIENT II			PF4 TO PAGE FOI	RWARD				
PIC 3500	0001630		NAME	TINA	M CLAY		3	3 -SEGMENTS-
XREF P035	50000163	A01	ADRS#1	BLOOMFIE	LD MANOR			ELG 05
XNAM			ADRS#2	3151 COU	NTY ROAD	A		TPL 01
HIC 3500	000163A		CITY/ST	SHAWANO		WI		AUTH 01
DOB 1212	21911 SE	EX 2	ZIP CODE	53533				MED 10
CASE 3500	0001630		REP-PAYEE	TINA	M CLAY	7		LIAB 03
1 1 8 8 8 8 8 8 8 8	2 ADD DT 100804 100804 092004 092004 081604 071504 061504 051704 041504	3 TXN 4100 4100 1161 1161 1751 4100 4100 1787 1190	#IC 350000163A 350000163A 350000193A 350000163A 350000163A 350000163A 350000163A 350000163A	5 START 110104 110104 080104 080104 073104 080104 070104 043004 050104	6 STOP 113004 113004 103104 103104 000000 083104 073104 063004 000000 053104	7 8 S E A A E E E E	9 EDIT MO MN	10 AMOUNT 66.60 343.00 199.80 1029.00 66.60 66.60 66.60 0.00
				DATE: 10	1104 TI	ME: 1	2:26:1	.1

- **FIELD 1:** I = Medicare Indicator. A = Part A Buy-In, B = Part B Buy-In.
- **FIELD 2:** ADD DT = The process month, day and year that MMIS added the CMS Buy-In response in MMDDYY format.
- **TXN** = Transaction Code that describes the CMS billing, rejection and informational responses for the recipient's Buy-In activity. The HIC, Start and Stop fields further explain the transaction codes.

These are the most common TXN codes. A complete list of TXN codes can be found in the State Buy-In Manual.

	New Buy-In start
1400	Buy-In stop
1500	Buy-In stop due to no longer Medicare eligible or, now has
	free Part A coverage
1600	Buy-In stop due to death date on CMS files
1700-1759	Buy-In stop
2000-2199	CMS rejected the request to start or stop Buy-In
2300-2399	CMS records indicate a HIC number change
2400-2599	CMS rejected the request to start or stop Buy-In
3061-3284	CMS adjusted the requested Buy-In start date.
4100	On going Buy-In
9100	On going Buy-In, SSI responsibility (obsolete 09/15/03)

- FIELD 4: HIC = The Health Insurance Claim number from CMS. This is also referred to as the Medicare Claim Number. When the TXN is 2000 2599, the HIC shown may be an incorrect or previous Medicare Claim Number for this recipient.
- FIELD 5: START = (Effective November 2004): When the TXN is 1100-1184 and 4100, this is the first day included in the Buy-In period. When the TXN is 1700-1759, this is the last day included in the Buy-In period. TXN 3061 3284 show the start date requested, however CMS could not start a new Buy-In period with the requested date. The first possible start date determined by CMS is shown in the 1100-1180 TXN that has the same ADD DT. For other TXN codes, this date is not applicable.
- **FIELD 6:** STOP = (Effective November 2004): When the TXN is 1100-1184 and 4100, this is the last day included in the Buy-In period. For other TXN codes, this date is not applicable.
- **FIELD 7: S** = SSI Code from CMS files.
- **FIELD 8: E** = Eligibility Code from CMS files. Refer to Addendum V for a complete listing of Buy-In eligibility codes.

- **FIELD 9: EDIT** = An informational code determined by the MMIS to identify CMS billing responses that may require EDS/DHCF staff or MMIS system action. Effective November 2004, the new EDIT descriptions are shown below. The second character indicates "N" if the edit(s) occurred for the first time and "O" if the edit(s) are reoccurring.
  - A = Potential duplicate billing with another current month premium.
  - D = Recipient has a date of death.
  - E = Recipient is not eligible, Buy-In should stop.
  - H = Recipient HIC number conflicts with premium billing.
  - M = Recipient requires BAF 'A, B or U' to continue, Buy-In should stop.
  - P = Potential overlap billing with a previous month premium.
  - Q = Recipient has a BAF 'X', Buy-In should stop.
  - S = CMS premium period (new Buy-In) starts after the BAF date.
  - T = Recipient Medicare coverage conflict with premium billing.
- FIELD 10: AMOUNT = Medicare premium. (Examples: Part A \$66.60 or Part B \$309.00).

**Note:** The Medicare premium amount is usually changed annually.

This is the amount CMS billed or reimbursed to Wisconsin for the recipient. The amount may cover one or more premium months as shown by the Start and Stop fields on Medicare segments added on and after November 2004.

## **Mnemonic Inquiry Screen (RN)**

The RN screen provides an alternative source for identifying recipients by searching using the individual's name instead of identification number (MA ID). The Mnemonic Inquiry screen provides the capability to determine a recipient's MA ID with only basic information, such as full name and sex. More detailed data on the recipient, such as date of birth and county code, allows for a more precise and accurate mnemonic search.

	SG PRESS PF4 TO				
2	3	4	5		6
<b>2</b> F.I. <b>TO</b>	L. NAME <b>JONES</b>	AGCY	7 <b>000</b> DOI		REF
7	8		9	10	11
RECIPIENT-ID	NAME (FI	RST, M.I., I	AST) AGE	NCY HIC-NUMBER	DOB
)500000150	TOLANTA	M JONES	03	30	12291980
800000690	TOMEIKA	S JONES	04	10	12101976
0800300720	TONI	JONES	04	10	12231993
900800970	TONI	D JONES	04	10	12011980
900600720	TONI	G JONES	04	10	12101961
900000470	TONI	J JONES	04	10	12281968
800200960	TONI	L JONES	74	14 089006496T	12071974
0800400170	TONI	M JONES	0	70	12031978
900600160	TONI	M JONES	04	10	12241970
1400600890	TONI	M JONES	04	10	12051980
900600810	TONIA	M JONES	0.5	51	12171975
900800540	TONIA	V JONES	74	10	12241966
200200480	TONIETTE	T JONES	74	10	12141978
900000190	TONILIA	D JONES	0 4	40	12211982
300000260	TONINA	M JONES	03	30	12171978

#### **Required Fields:**

- **FIELD 1: SEX** = Enter "1" for male or "2" for female.
- **F.I.** = First two letters of the recipient's first name. Two letters must be used, not just one.
- **FIELD 3: L.NAME** = The last name of the recipient. A minimum of five letters must be entered for names with five or more characters. The system will display all recipients with names meeting the first name, sex and same five letters of the last name.

**Example:** If SMITH is entered, the system may display SMITH, SMITHEY, SMITHBANK, etc.

You may also choose to limit information displayed on the RN screen by using the SELECT OPTIONS fields. If you choose not to use SELECT OPTIONS, press [enter] after keying the required fields. The RN screen data for the requested recipient information will then be displayed.

Note: It sometimes is better to enter the minimum required information so that more recipients meeting that criteria are shown. For instance, if the full last name is entered, a selection with Jr or Sr may not be displayed. If DOB or certifying agency is entered and is different than what is on MMIS, the recipient you are looking for will not be displayed.

#### **Select Options**

The select options fields allow you to limit the data displayed on an online screen to information that meets specific criteria. The following options are available on the RN screen:

- **FIELD 4:** AGCY = This is the three-digit certifying county code that appears on the recipient's base segment. Refer to Addendum I for a complete listing of county codes.
- **FIELD 5:** DOB = The recipient's date of birth is displayed in MMDDCCYY format.
- **FIELD 6:** X-REF = This allows a mnemonic look-up to be done using the recipient's cross-reference (previous) name when an "X" is entered in this field.

#### **Displayed Recipient Information**

Recipients matching the information entered in the previous fields are displayed.

**FIELD 7: RECIPIENT-ID** = Recipient's ID. If the recipient has two separate files under different recipient IDs, both will appear.

**Function of PF7 key:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (RN). When you find a recipient that you would like to obtain further information about, you change the system action code to RE, move the cursor down to that recipient's line of information and press PF7. This will bring you to the RE screen with that individual's information displayed.)

- **FIELD 8:** NAME = Recipient's current full name. The system will display all recipients matching the selected criteria.
- **FIELD 9:** AGENCY = This is the county code of the certifying agency.

FIELD 10: HIC-NUMBER = This is the Recipient's Medicare ID number.

**FIELD 11: DOB** = The Recipient's date of birth is displayed on this field.

# **Recipient Third Party Liability Screen (RT)**

The RT (Recipient TPL Inquiry) screen contains data related to the recipient's other health insurance coverage. The information is used to generate third party liability claims to the other health insurance companies in an attempt to recover funds on a post-payment basis. The RT screen displays the information contained on the TPL segment (T-segment) of the eligibility file. T-segments that show an end-date more than 13 months in the past are routinely purged.

		WISCON	SIN REC	IPIENT	TPL	S	SEGMENT (	S)		
SYS ACTIC		G ALL DATA 8530	HAS BEE	EN DISPLAY	YED					
PIC 8869	008530	A01 HACK		NAME LISA	A N	M BYRD	)	3 -	-SEGM	MENTS
XREF S088	36900853 <i>I</i>	101	AI	DRS#1 402	FRANK	AVE			ELG	17
XNAM LISA	M A	HACK	AI	DRS#2 PO E	BOX 173				TPL	02
HIC 8869	900853A		CIT	TY/ST BONI	DUEL		WI	Ā	HTUA	00
DOB 0101	1968 SE	X 2	ZIP	CODE 1234	45				MED	01
CASE 8869	9008530		REP-I	PAYEE LISA	A	M BYR	LD.	]	LIAB	00
1 2	3	4		5		6 7	8 9	1	1011	12
			MBER	GROUP-NUM	MBER	R S	P COVERA	AGE (	СТІ	O-DT
NO BEG-DI	F END-DT 14	POLICY-NUI			16				17	18
NO BEG-DI	F END-DT 14	POLICY-NUI			16				17	18
NO BEG-DI	F END-DT 14 PH-DOB N	POLICY-NUI	PLOYER	E	16				17	18
NO BEG-DI 13 P-HDR-SSN 19	F END-DT 14 PH-DOB N	POLICY-NUI 15 IAME-OF-EMI	PLOYER	en O	16 MPLOYER	'S CIT	Y-STATE	-ZIP	17 ORG	18 VER
NO BEG-DI 13 P-HDR-SSN 19	F END-DT 14 PH-DOB N OLDER-NAM	POLICY-NUI  15 IAME-OF-EMI	PLOYER <i>2</i> ICY-HOLI	EN O DER-STREET	16 MPLOYER T-ADRS	'S CIT	Y-STATE 21 Y-HOLDEI	-ZIP R-CITY-	17 ORG -ST-Z	18 VER ZIP
NO BEG-DI 13 P-HDR-SSN 19 POLICY-HO 22 MS	T END-DT 14 PH-DOB N	POLICY-NUI 15 IAME-OF-EMI	PLOYER  2 ICY-HOLI  23 INS 1	EN 0 DER-STREET 24 INSURANCE-	16 MPLOYER T-ADRS -COMPANY	'S CIT POLIC Y-NAME	Y-STATE 21 Y-HOLDEI	-ZIP R-CITY- <i>25</i> CHG-	17 ORG -ST-Z -DT A	18 VER CIP 26 ADD-DT
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS	T END-DT 14 PH-DOB N	POLICY-NUI 15 IAME-OF-EMI	PLOYER  2 ICY-HOLI  23 INS 1	EN 0 DER-STREET 24 INSURANCE-	16 MPLOYER T-ADRS -COMPANY	'S CIT POLIC Y-NAME	Y-STATE 21 Y-HOLDEI	-ZIP R-CITY- <i>25</i> CHG-	17 ORG -ST-Z -DT A	18 VER CIP 26 ADD-DT
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194	T END-DT 14 PH-DOB N  OLDER-NAM 7 000000 120970	POLICY-NUL 15 IAME-OF-EM IE POL 886900853	PLOYER  2 ICY-HOLI  23 INS I	ENOUS	16 MPLOYER T-ADRS -COMPANY FOODS I	'S CIT POLIC Y-NAME P 2 3	21 21 24-HOLDEN 0 000000	-ZIP  R-CITY- 25 CHG-	17 ORG -ST-Z -DT A 0 0	18 VER SIP 26 ADD-DT 000000 X
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194	T END-DT 14 PH-DOB N  OLDER-NAM 7 000000 120970	POLICY-NUL 15 IAME-OF-EM: 1E POL: 886900853	PLOYER  2 ICY-HOLI  23 INS I	ENO DER-STREET 24 INSURANCE CUB I	16 MPLOYER T-ADRS -COMPANY FOODS I	'S CIT POLIC Y-NAME P 2 3 CASCA	Y-STATE- 21 Y-HOLDEI 0 000000	-ZIP R-CITY- 25 CHG-	17 ORG -ST-Z -DT A 0 0 M WI	18 VER 31P 26 MDD-DT 000000 X 53011
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194	T END-DT 14 PH-DOB N  OLDER-NAM 7 000000 120970	POLICY-NUL 15 IAME-OF-EM: 1E POL: 886900853	PLOYER  2 ICY-HOLI  23 INS I	ENO DER-STREET 24 INSURANCE CUB I	16 MPLOYER T-ADRS -COMPANY FOODS I	'S CIT POLIC Y-NAME P 2 3 CASCA	Y-STATE- 21 Y-HOLDEI 0 000000	-ZIP R-CITY- 25 CHG-	17 ORG -ST-Z -DT A 0 0 M WI	18 VER 31P 26 MDD-DT 000000 X 53011
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194 LESKO	T END-DT 14 PH-DOB N DLDER-NAM 7 000000 120970 RONALI	POLICY-NUL 15 IAME-OF-EM: 1E POL: 886900853	PLOYER  2 ICY-HOLE  23 INS I  FRANCIS  J28 (	ODER-STREET 24 INSURANCE- CUB I	16 MPLOYER T-ADRS -COMPANY FOODS I	POLIC Y-NAME P 2 3 CASCA SERV	Y-STATE- 21 Y-HOLDEN 0 000000	-ZIP R-CITY- 25 CHG- 00000 00000	17 ORG -ST-Z 2 -DT A 0 0 M WI 000 1	18 VER 26 ADD-DT 000000 X 53011 .10998
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194 LESKO	T END-DT 14 PH-DOB N DLDER-NAM 7 000000 120970 RONALI	POLICY-NUL 15 IAME-OF-EM: 1E POL: 886900853	PLOYER  2 ICY-HOLE 23 INS I  FRANCIS J28 (	ODER-STREET 24 INSURANCE- CUB I	16 MPLOYER T-ADRS -COMPANY FOODS I	POLIC Y-NAME P 2 3 CASCA SERV	Y-STATE- 21 Y-HOLDEN 0 000000	-ZIP R-CITY- 25 CHG- 00000 00000	17 ORG -ST-Z 2 -DT A 0 0 M WI 000 1	18 VER 26 ADD-DT 000000 X 53011 .10998
NO BEG-DT 13 P-HDR-SSN 19 POLICY-HO 22 MS 02 110197 880008194 LESKO	T END-DT 14 PH-DOB N DLDER-NAM 7 000000 120970 RONALI	POLICY-NUL 15 IAME-OF-EM IE POL 886900853	PLOYER  2 ICY-HOLE 23 INS I  FRANCIS J28 (	ODER-STREET 24 INSURANCE- CUB I	16 MPLOYER T-ADRS -COMPANY FOODS I	POLIC Y-NAME P 2 3 CASCA SERV	Y-STATE- 21 Y-HOLDEN 0 000000	-ZIP R-CITY- 25 CHG- 00000 00000	17 ORG -ST-Z 2 -DT A 0 0 M WI 000 1	18 VER 26 ADD-DT 000000 X 53011 .10998

- **FIELD 1: NO** = Segment number. The higher the number, the more current the insurance segment.
- FIELD 2: BEG-DT = The date the insurance policy started. MMDDYY
- **FIELD 3: END-DT** = The date the insurance policy ended. MMDDYY (000000 = open policy)
- **FIELD 4: POLICY-NUMBER** = Policy/subscriber number. Identifies the client's individual policy.
- **FIELD 5: GROUP-NUMBER** = Identifies the group the recipient's insurance policy is carried under. May indicate the name if no number is available.

- **FIELD 6: R** = Relationship Code. Indicates the relationship of the recipient to the policyholder. The codes are:
  - 1 = self
  - 2 = spouse
  - 3 = child
  - 4 = stepchild
  - 5 = other
- **FIELD 7: S** = Source Code. This field is used to indicate from what source EDS received the insurance information. The codes are:
  - 1 = State
  - 2 = TPL Disposition
  - 3 = Unknown; county did not indicate whether the information was supplied by the child support worker or the economic support worker.
  - 4 = Child support worker
  - 5 = Economic Support worker
  - 6 = BadgerCare.
  - 7 = Insurance Disclosure
- **FIELD 8:** P = Absent Parent Indicator. This field is used to indicate whether the policyholder is a parent not living with the recipient who is covered by the policy. Valid values are:
  - 0 = No, the policyholder is not an absent parent (lives in same household as recipient)
  - 1 = Yes, the policyholder is an absent parent (does not live in same household as recipient)
- **FIELD 9: COVERAGE** = Insurance Coverage Indicator. These fields represent the ten types of coverage. The types are listed 1-10, which is from left to right on the screen. The field will either have a "0" or "1". 0 = NOT covered under this insurance policy, 1 = COVERED under the insurance policy.
  - 1 = Drugs 6 = Skilled Nursing Home
  - 2 = Physician 7 = Eyeglasses
  - 3 = Dental 8 = Durable Medical Equipment (Rental) 4 = Hospital Inpatient 9 = Durable Medical Equipment (Purchase)
  - 5 = Hospital Outpatient10 = Home Health
- FIELD 10: C = Cancelled indicator.

D = Deleted. If the TPL-segment was deleted because it is not a valid policy for the time period specified. A weekly cycle has not removed it from the screen yet.

Blank = Not deleted; valid TPL-segment

**FIELD 11:** T = Retroactive Indicator.

0 = No retroactive billing has occurred.

1 = Yes, retroactive billing has occurred. Only current month billings will occur from here on.

- **FIELD 12: IQ-DT** = Insurance questionnaire date. This field contains a date corresponding to the date insurance coverage indicators (field 9) were set.
- **FIELD 13:** P-HDR-SSN = The policyholder's social security number. EDS internal use only.
- **FIELD 14: PH-DOB** = The policyholder's date of birth.
- **FIELD 15:** NAME-OF-EMPLOYER = The name of the policyholder's employer.
- **FIELD 16: EMPLOYER'S-CITY-STATE-ZIP** = The mailing address of policyholder's employer.
- **FIELD 17: ORG** = TPL Origin Code. The indicator identifying the system that established TPL. The codes are:

C – CARES M – MMIS

**FIELD 18: VER** = Verification Indicator. The indicator identifying whether or not TPL is verified. The codes are:

M – Verified by MMIS

X - Verified by Insurance Disclosure

A - Assumed verified by MMIS

N - Not verified

- **FIELD 19: POLICY-HOLDER-NAME** = The full name of policyholder. (First name, Middle initial, Last name)
- **FIELD 20: POLICY-HOLDER-STREET ADRS** = The mailing address of policyholder.

- **FIELD 21: POLICY-HOLDER-CITY-ST-ZIP** = The City, State and Zip code of
  - policyholder.
- **FIELD 22:** MS = Medicare Supplement Indicator. Values of 2, 3, or 4 indicate a
  - Medicare Supplement policy.
- **FIELD 23:** INS = Insurance Carrier Code. There are several insurance codes.
  - These codes can be found on the TR screen.
- **FIELD 24: INSURANCE-COMPANY-NAME** = The name of the insurance company.
- **FIELD 25:** CHG-DT = The date a change was made to this segment. MMDDYY
- **FIELD 26:** ADD-DT = The date this segment was added to the recipient's file.

## **Recipient Authorization Segment (RU)**

The RU (Auth-NH/Lockin/Spenddown) screen contains data directly related to claims processing. Segment types found on this screen include nursing home authorizations, spenddown (MA deductible) and lock-in (Primary Provider Program and Hospice). The type of authorization is displayed in field 6.

			WISCON	SIN RECIPIEN	T AUTHOR	RIZATION SEG	MEN'	T(S)	
				HAS BEEN DIS					
CLIE	NT ID 880	0091	050 ACT1	ION I PW	TYPE				
PIC	88000910	50		NAME	CORY	J CLIEN	Т	3 -	-SEGMENTS
XREF	88000910	51		ADRS#1				E	ELG 02
XNAM	SAMUAL	J (	CLIENT	ADRS#2	1239 E	DOTY APT	C4	Γ	PL 00
HIC				CITY/ST	PULASKI		WI	AU	JTH 04
DOB	08011961	SEZ	X 1	ZIP CODE	12345			M	1ED 00
CASE	88000910	50		REP-PAYEE	CORY	J CLIEN	Т	LI	AB 00
1	2	3	4	5	6 7	8	9	10	11
NO			PROV-NUM	PROV-NAME	A LVL		T	ADD-DT	LST-CH
	12	13		14		15		16	
	EXP-DT	ICN-	_	ICN-2		AMT-SAT		AMT-REM	
<b>L1</b> 01	010199	В	33000100	WALGREENS	L		1	081798	120798
	123199								
<b>L2</b> 01		P	32240000	DIMAGGIOMD	L		2	081798	120798
	123199								
<b>L3</b> 09			41637000		S	42.34	1	051397	060898
			0981525247	780		42.34		0.00	
<b>L4</b> 02		20	0170000		N <mark>0194</mark>		2	013194	020494
	123104						_		
<b>L5</b> 01	090598	В	43180000	HOSPICE	L		8	110298	110298
	123199	_	01.600000		_		0	110000	110000
<b>L6</b> 01	090598	В	31680000	PHYSICIAN	L		8	110298	110298
	123199								
					D3.000 1	00000 EETM		00.22.26	
					DATE: 1	23098 TIM	Ŀ: (	18:33:36	

- **FIELD 1: NO** = Segment number. The greater the number, the more current the segments.
- **FIELD 2: GRT-DT** = MMDDYY format.

<u>Nursing home authorization</u>: Effective date of authorized level of care in the nursing home.

<u>Spenddown (MA deductible)</u>: This is the date associated with a claim used to meet the recipient's deductible.

<u>Lockin (Primary Provider and Hospice)</u>: Effective date that the recipient is being restricted to a particular provider(s) for a specific category of service (e.g. pharmacy).

**FIELD 3: PT** = The type of provider the recipient is restricted to. Used in conjunction with the provider number to alert the system the provider will appear on the claims as:

B = Billing

P = Performing

R = Referring

**FIELD 4: PROV-NUM** = Provider number. Used for all types of authorizations.

Nursing home authorization: Nursing home.

<u>Spenddown (Deductible)</u>: Billing provider submitting the claim used to meet Spenddown.

Lockin: The provider(s) that the recipient is restricted to for services.

- **FIELD 5: PROV-NAME** = Name of provider recipient is locked-in to. Used for lockin only.
- **FIELD 6:** A = Type of authorization. Used for all types of Authorization segments.

L = Recipient Lock-in and Hospice

N = Nursing home

S = Spenddown (Deductible)

**FIELD 7:** LVL = Nursing home level of care authorized for the recipient. Used for nursing home only. Bureau of Quality Assurance applies these codes to the MMIS files.

LEVEL OF	DESCRIPTION
CARE	
(The following of	codes ended 09/30/03)
20	SNF (skilled nursing facility maximum)
21	ICF/1 & 2 (intensive care facility)
22	ICF/3 (personal)
23	ICF/4 (residential)
25	ISN (intensive skilled nursing)
26	MR/DD (developmentally disabled)
27	DD1A
28	DD1B
29	DD2
80	Brain Injured
81	Intensive Brain Injured
(The following of	codes are effective 10/01/03)
0190	Subacute Care – General Classification + Disability

0191	Subacute Care Level I – Skilled Care
0192	Subacute Care Level II – Comprehensive Care
0193	Subacute Care Level III – Complex Care
0194	Subacute Care Level IV – Intensive Care
0199	Subacute Care – Other

- **FIELD 8:** SPENDDOWN (Deductible) = This is the deductible amount submitted on the Remaining Deductible Form HCF 10109 (formally DES-3048). Used for Spenddown only.
- **FIELD 9:** T = Provider Code. Used for all types of Authorization Segments.

Nursing Home: Always "2"

#### Lock-In:

- 1 = Drug (claim types 10, 19)
- 2 = Physician (claim types 20, 30, 39)
- 3 = Dental (claim types 21, 39) Not used 10/13/03
- 4 = EPSDT (claim types 22, 27, 39) Not used 10/13/03
- 5 = Outpatient (claim types 23, 31, 39) Not used 10/13/03
- 6 = Medical Vendor (claim types 24, 39) Not used 10/13/03
- 7 = Institutions (claim types 40, 41, 50, 59) Not used 10/13/03
- 8 = All claim types or Hospice

Spenddown (MA deductible):

- 0 = Not met
- 1 = met
- **FIELD 10:** ADD-DT = The date lock-in, nursing home authorization, or a spenddown segment was added on the RU screen. Used for all types of Authorization Segments. For Internal EDS use only.
- **FIELD 11:** LST-CH = Date the last change was made to this segment. Used for all types of Authorization Segments. For internal EDS use only.
- **FIELD 12: EXP-DT** = Expiration date.

<u>Nursing home authorization</u>: End date of the level of care authorization. Open end dates appear as MMDDYY.

<u>Spenddown (MA deductible)</u>: This date is the finalization date of the claim used to meet the spenddown criteria. 000000 will appear in this date until the spenddown claim(s) is received by EDS and finalized.

<u>Lockin and Hospice</u>: This is the end date of the lock-in period. After this time, the recipient may go to any provider for services unless Division of Health Care Financing extends the lockin.

- **FIELD 13: ICN-1** = A 15 digit numeric field. It is the internal control number (ICN) from a claim with spenddown. This will be the most recent ICN claim accessing the segment. Used for spenddown only.
- **FIELD 14: ICN-2** = A 15 digit numeric field, it is the ICN from a claim with spenddown. This will be the ICN prior to the most current ICN. Used for Spenddown only.
- **FIELD 15: AMT-SAT** = A nine digit amount applied by the system to indicate how much Medicaid has applied toward meeting the spenddown. Used for Spenddown only.
- **FIELD 16:** AMT-REM = A nine digit amount calculated by the MMIS system to indicate the remaining claims dollar amount that needs to be submitted to EDS. Used for Spenddown only.

#### **TPL Carrier Information**

TM= Search by name in order to find carrier code, complete carrier name and address.

TR= Search by carrier code to find TPL carrier information.

#### **Wisconsin TPL Carrier Summary Screen (TM)**

The TM screen displays the insurance carriers by the first seven characters of their names. All seven characters must be a perfect match of the insurance carrier name on file in order to display. If there is more than one carrier with the same first seven characters, this screen will display all of them.

**Note:** You may use TM to find insurance carrier information on EDSNET or you can also use the MICC screen on CARES. To access MICC, you can tran directly to the screen or use the "#" symbol on AFMC. Once in the screen, you can search either alphabetically or by carrier code.

	WISCON	SIN TPL CARRIER SUMMA	RY SCREEN		
SYS	ACTION TM MSG ALL DATA HAS	BEEN DISPLAYED FOR S	ELECTED CRITERIA		
CADI	1				
	RIER NAME DELTA D 3	4	5	6	7
CCD	CARRIER NAME	ADDRESS			
A54	DELTA DENTAL PLAN OF MICHI	PO BOX 30416	LANSING	MI	48909
D77	DELTA DENTAL PLAN OF MISSO	8390 DELMAR BLVD	ST LOUIS	MO	63124
	DELTA DENTAL PLAN OF COLOR				
K75	DELTA DENTAL PLAN OF ARKAN DELTA DENTAL OF ILLINOIS	PO BOX 16450	NORTH LITTLE ROCK	AR	72231
Y14	DELTA DENTAL OF MICHIGAN	PO BOX 30416	LANSING	ΜI	48909
107	DELTA DENTAL PLAN OF WISCO	PO BOX 828	STEVENS POINT	WΙ	54481
	DELTA DENTAL PLAN OF SO DA				
515	DELTA DENTAL PLAN OF IOWA	636 GRAND AVE	DES MOINES	ΙA	50309
63I	DELTA DENTAL OF TENNESSEE	240 VENTURE CIRCLE	NASHVILLE	TN	37228
68C	DELTA DENTAL PLAN OF KANSA	PO BOX 49198	WICHITA	KS	67201
		PO BOX 4300		ΑZ	85080
88C	DELTA DENTAL OF PENNSYLVAN	23 OLD DEPOT ROAD	NEW CUMBERLAND	PA	17070
925	DELTA DENTAL PLAN OF MASS	PO BOX 9104	MEDFORD	MA	02155
945	DELTA DENTAL PLAN OF MINN	PO BOX 330	MINNEAPOLIS	MN	55440
	DATE: 123098 JU	JLIAN DATE: 98364	TIME: 08:19:21		

**FIELD 1: CARRIER NAME** = This is a "required" field. Enter the first seven letters of the name of the carrier you wish to locate. Press [enter] after keying the carrier name field.

- **FIELD 2: CCD** = The carrier code identifying the insurance carrier or employer.
- **FIELD 3: CARRIER NAME** = The name of the insurance carrier or employer.
- **FIELD 4:** ADDRESS = The primary mailing address for the carrier. This is the post office box or the street address when a post office box does not exist.
- **FIELD 5:** CITY = The city where the above address is located.
- **FIELD 6: ST** = The state in which the above city is located.
- **FIELD 7: ZIP** = The zip code for the above address.

# WI TPL Carrier Master File Inquiry/Update Screen (TR)

The "TR" screen is used for inquiry or update of the information pertaining to the insurance carrier. This file also contains records for employers and other non-health insurance institutions (i.e., 999 = Medicare Part B). The look up is by carrier code. The following are the fields that may be useful to you. If you ever need explanations of other fields not described below, you can go to HELP (F3).

**Note:** You may use TR to find insurance carrier information on EDSNET or you can also use the MICC screen on CARES. To access MICC, you can tran directly to the screen or use the "#" symbol on AFMC. Once in the screen, you can search either alphabetically or by carrier code.

```
WISCONSIN TPL CARRIER MASTER FILE INQUIRY/UPDATE
  SYS ACTION TR MSG RECORD FOUND--PLEASE REVIEW DATA
 1 CARRIER CODE M73 2 ACTION I
 3 CARRIER NAME PROVANTAGE
                                                       ELIG EXCHANGE 0
 4 ADDRESS1 PRESCRIPTION BEN MGT
                                                       TAPE BILLING 0
 5 ADDRESS2 PO BOX 846
                                                       TAPE R/A 0
 6 CITY BROOKFIELD
 7 STATE WI
                                                       T-SEG VERIFICATION 0
 8 ZIP 53005
                                                       FOLLOW-UP BILLING 0
9 PHONE 8007840881
10 CONTACT
                                                       ACTIVITY INDICATOR 00
11 PHONE (TECH)
                                                       COST AVOIDANCE CODE 099
12 CONTACT (TECH)
                                                       ACCUM THRESHOLD
13 X-REF 1
        3 14 15 16
                                                   19 ADDED 081090
        4 GX1 1 022696 0000000000 PROVANTAGE
                                                    20 LAST UPDATE 040698
                      21 COVERAGE INDICATORS
    CV01 CV02 CV03 CV04 CV05 CV06 CV07 CV08 CV09 CV10
                 0
                               0
                                      0
```

- **FIELD 1: CARRIER CODE** = This is a "required" field. Enter the three-digit carrier code (alpha, numeric, numeric or numeric, numeric, alpha). Press <enter> after keying the carrier code. The carrier codes can be found on the TM screen.
- **FIELD 2:** ACTION = The system will automatically assign I for "Inquiry". Update capability is limited to authorized individuals <u>only</u>.
- **FIELD 3: CARRIER NAME** = The name of the insurance carrier or employer.

- **FIELD 4:** ADDRESS1 = Address line 1 is an optional field that will contain additional address information (e.g., street address when a post office box is also present, suite number, "Attn:", etc.).
- **FIELD 5:** ADDRESS2 = The primary mailing address for the carrier. This is the post office box or the street address when a post office box does not exist.
- **FIELD 6:** CITY = The city where the above address is located.
- **FIELD 7: ST** = The state in which the above city is located.
- **FIELD 8: ZIP** = The zip code for the above address
- **FIELD 9: PHONE** = The phone number. Used when contacting the carrier regarding claims or policy information.
- **FIELD 10: CONTACT** = The name of the person to ask for when contacting the carrier regarding claims or policy information.
- **FIELD 11: PHONE (TECH)** = This is the phone number to use when contacting the carrier regarding tape billing, eligibility tape exchanges, or any other computer-related inquiries.
- **FIELD 12: CONTACT (TECH)** = This is the name of the person to ask for when using the above telephone number.
- **FIELD 13:** X-REF = The cross-reference entries will be purely informational and always will be used on employer records. Since employers may have insurance plans with several different insurance carriers, these "subrecords" will hold information regarding the specific policies that the employer has. If a cross-reference line is to be entered, each field within the entry will be required. The fields within the entry are below:
- **FIELD 14:** X-REF CARRIER CODE = The carrier code of the insurer who provides the policy.
- **FIELD 15:** X-REF DATE TYPE = This refers to the date in the following field. A date type of "1" indicates that the following date is the date the coverage becomes effective; "2" indicates the date the coverage ends; and "3" is the date that the notice was received to stop using the carrier for new T-segments.
- **FIELD 16:** X-REF DATE = The date (six numeric characters, MMDDYY) referred to above.

- **FIELD 17:** X-REF COVERAGE INDICATORS = These flags for services covered are the same as coverage indicators listed in field 21
- **FIELD 18:** X-REF GROUP NAME/NUM = The name or number (16 alphanumeric characters) of the group into which the policy falls.
- **FIELD 19:** ADDED = The date the record was added to the file.
- FIELD 20: LAST UPDATE = The date the record was added to the file.
- FIELD 21: COVERAGE INDICATORS = These indicators (10 numeric characters) signify which services this particular policy covers or does not cover. A value of "1" indicates that the carrier does cover this service, and a value of "0" indicates that the carrier never covers this service. The services indicated by coverage indicators are as follows:
  - CV01 Drugs
  - CV02 Physician
  - CV03 Dental
  - CV04 Hospital Inpatient
  - CV05 Hospital Outpatient
  - CV06 Skilled Nursing Home
  - CV07 Eyeglasses
  - CV08 Durable Medical Equipment (Rental)
  - CV09 Durable Medical Equipment (Purchase)
  - CV10 Home Health

## **Provider Information**

The Wisconsin Provider Eligibility screens display specific information regarding a provider's certification. Some information found on these screens includes:

- Provider name, address, and phone number
- Certification effective and end dates
- Provider type and specialty
- Medicare provider numbers
- Lab certification codes
- Rate information for hospitals and nursing homes
- Primary provider certification information

The provider screens are accessed by either provider number or provider name depending on the screen you are accessing.

PM = is a search by provider name.

P1 = is a search by provider number.

# Wisconsin Provider Mnemonic Inquiry Screen (PM)

The PM (Mnemonic Generic) screen is used to alphabetically look up provider information when the provider number is unknown. You can do this using several options (e.g., last name, license number, SSN). The Providers will be display sorted first by provider type and then alphabetically.

SYS		MSG MORE CROSS	REFERENCE RE	CORDS - USE I	PF4 TO DISPLA	·Υ		
ОРТТ		NAME MEMORIAL		CITY	STREET			
		N/IRS			011.221			
		1		2	3	4	5	6
		NAME		CITY		CAN	TY	SP
7	8		-	10				
NO	PROVNUM		STREET A	DDRESS ID (	CERTB CERTND			
01	11002100	MEMORIAL HOSE	PITAL 527 W SO		IL		61	080
02	11002190			WOODSTOCK	IL	С	61	080
03	11006400	MEMORIAL HOSE	OF TAYLOR		WI		61	081
04	11006490			MEDFORD	MI	С	61	081
05	11008600	MEMORIAL COMM		EDGERTON	WI		61	082
06	11008690	MEMORIAL COMM		EDGERTON	WI	С	61	082
	13							

#### **Select Options**

Select options allow the user to limit the data displayed on the online screen to information that meets specific criteria. The following options are available on the PM screen:

\*1: LAST NAME = Individual Provider's Last Name or Institution's Full Name. When keying in an institution's name, only key characters in the "LAST NAME" field and leave the "FI" and "MI" fields blank.

\*2: FI = Provider's First Initial.

\*3: MI = Provider's Middle Initial.

**FIELD 1:** NAME = Provider's full name.

FIELD 2: CITY = City.

FIELD 3: ST = State.

- **FIELD 4:** CAN = Cancellation Indicator. If the provider displayed is cancelled (e.g., action/reason code 40-49 and 59) a value of "C" will appear in this field.
- **FIELD 5: TY** = Type. Identifies the provider's area of practice. Refer to Addendum VI for a complete list of provider type codes.
- **SP** = Specialty. Identifies the provider's field of practice. Refer to Addendum VI for a complete list of provider specialty codes.
- **FIELD 7: NO** = Line number. System displayed sequence for your reference.
- **FIELD 8: PROVNUM** = Medicaid/BadgerCare Provider Number.
- **FIELD 9:** STREET ADDRESS = Street Address. Provider's physical street address as indicated on the P1 screen of the provider file. Includes one additional address/attention line underneath the provider name.
- **FIELD 10: ID** = Identification Code for the SSN/IRS number. A value of "S" represents an SSN in the IRS-C field.
- **FIELD 11: CERT B** = Beginning date of Medicaid certification. Internal EDS use only.
- **FIELD 12: CERTND** = Ending date of Medicaid certification. Present if a "C" appears in the "CAN" field. Internal EDS use only.
- **FIELD 13: PROVIDER NUMBERS SHOWN** = The number of provider records that have been displayed (includes current screen).



CERTB and CERTND are displayed only in conjunction with the provider base number (PRVB) option.

#### Example - PF7 key functionality:

The PF7 key can be used when doing a search by name on the Provider Mnemonic Inquiry screen (PM). When you find a provider that you would like to obtain further information about, you change the system action code to P1, move the cursor down to that provider's line of information and press PF7. This will bring you to the P1 screen with that provider's information displayed.

## **Wisconsin Provider Eligibility Screen (P1)**

The Provider Eligibility screen (P1) is used to display the Medicaid/BadgerCare certification information of a specific provider. The following are the fields that may be useful to you. If you ever need explanations of the other fields not described below, you can go to HELP (F3).

```
WISCONSIN PROVIDER ELIGIBILITY
 SYS ACTION P1 MSG REVIEW PROVIDER DATA
1 PROV/NO 99006400 ACTION I LCHNG 10 060298 30 060298
                        OF TAYLO
2 NAME GENERAL HOSP
                                     R CO NM/TP 4 RETURN MAIL
3 ADDR 1
                                                AD ABCDEFGH
  2 935 S GIBSON ST
                                                 USE
                                                        1111
4 2 935 S GIBSON ST
5 3 MEDFORD WI 54499 PHONE 995 748 8100
6 AUTH B HARLAN AUTHGUY REC-TYP 2 PPI CNTY 060 P-SPC 081 LOC 002
7 TP 8 SPC CT EFF/DT END/DT TP SPC CT EFF/DT END/DT DATE
     081 99 070175 62 113 99 070175
                                                     IRS-C E 990964813 070175
 61
                                                IRS-P
                                               LIC/EX
           1234 5678 CDEF GHIJ KLMN OPQR STUV WXYZ DEA
                                                          AM3910418
                                 10 PREV NO N52000606
OWNER
 LOBS/IND 111 1 1
 EMC-NO 99050800 FORM S/DATE 112092 QTY
                                                   CERT H GENHOS 063093
 E/DATE
RA
                         DATE
                                                   GROUP
                 XNM
                                                  EFFDT 070175 ENDDT 9
                              . . REF NBRS . .
 C 52D0395481 X 000000509 X 000081987 X 520006
```

- **FIELD 1: PROVIDER NUMBER** = The eight-digit Medical Assistance provider number. This is a required field to access this screen. Overtype the provider number listed if you wish to research a different provider number.
- **FIELD 2: NAME** = Last name, first name, middle initial, and credentials of the individual provider, or in the case of hospitals, nursing homes and other groups, the complete name.
- **FIELD 3:** ADDR1 = Address Line 1. Any address information in addition to street and city, such as a business office or attention line. Also used when given both a street address and a post office box. Street address goes on this line and post office box on line 2.
- **FIELD 4:** ADDR2 = Address Line 2. The physical street address where the provider is located.
- **FIELD 5:** ADDR3 = Address Line 3. The city, state and zip code where the provider is located.

- **FIELD 6:** AUTH = Authorized Person. Name of person authorized to sign claims for the provider or the contact person for billing questions. Six possible codes indicate the relationship between the authorized person and the provider:
  - A Accountant
  - B Business Manager
  - N Nurse
  - R Receptionist
  - S Secretary
  - L Attorney
- **FIELD 7: TP** = Provider Type Code. The provider's appropriate type code. The specification sheets provided by the DHCF determine this.
- **SPC** = Provider Specialty Code. The provider's appropriate specialty code. The specification sheets provided by the DHCF determine this.
- FIELD 9: END/DT = End Date. Identifies the last date the provider was an active Medicaid provider. The provider is no longer active. However, the provider can still bill for dates before this date. Dates are entered in MMDDYY format. A blank field indicates that the provider is an active Medicaid provider.
- **FIELD 10: PREVIOUS NO =** Previous Number. The old nine-digit provider number, for cross- reference.

# **Premium Information**

## **Premium On-Line Screen (BD)**

The BD (Premium) Screen contains BadgerCare and MAPP premium months in which a premium is due for that BadgerCare case or MAPP individual. It also contains individual benefit month information regarding whether a payment was received, the payment method, the date premium paid, and payer name. Each case can display 24 benefit months per screen.

This screen is accessed by using the Primary Person's (recipient's) identification number (MA ID).

Access the BD screen by completing the following steps:

- 1. Login to the MMIS.
- 2. When the Selection Screen displays type the following command where "01" is normally entered: \*LM,D4C32784 and then hit [enter].
- 3. Then type "01" (for the application), press [enter] and continue as usual.

If a problem occurs contact:

Electronic Data System Communication Security Specialist Phone (608) 221-4746 ext. 3712 Fax (608) 221-0885

	PREMIUM	SCREEN	
SYS ACTION BD MSG	PRESS PF4 TO DISPI	AY MORE DATA	
1 CASE NUMBER: 3900000 4 CASE NAME: CLIENT			*ACTION: I
	BENEFIT	MONTHS	
CAT SN BEGIN PRI  5 S BC 01 022003 003	30.00 N DP	CAT SN BEGIN BC 01 082002 MAP 01 082002 BC 01 072002 MAP 01 062002 MAP 01 062002 MAP 01 052002 MAP 01 052002 MAP 01 042002 BC 01 042002 MAP 01 042002 MAP 01 032002 MAP 01 032002	0030.00 N DP 0030.00 N DP
	BENEFIT MONTH	DETAIL DATA	
12 BENEFIT MONTH:	13 DATE PREMIUM PA	TD:	14 PAYER ID:
15	DAIL HUMION IN		16
PAYER SSN:		P.	AYER PIN:
PAYER NAME:			
RECIPIENT DETAILS		EMPLOYER	DETAILS
TRANSIT/ROUTING NUMBER BANK ACCOUNT NUMBER: ACCOUNT TYPE: *CHOSEN PAYMENT TYPE: EFT TESTING PHASE:		TRANSIT/ROUTING BANK ACCOUNT NU ACCOUNT TYPE: *PAYMENT METHOD *PAYMENT FREQUE	MBER:
CURRENT DATE: 01292002	2 TIME: 08:	07 LAST CHAN	GED DATE:

#### **INQUIRY** \*

Upon accessing the BD screen, the system automatically is in inquiry mode (ACTION = I). In INQUIRY Mode the screen displays the information on file for the requested Case number. If the Case number is on file, and all the available benefit months are shown, the system displays the message, "ALL DATA HAS BEEN DISPLAYED FOR THE SELECTED CRITERIA" in the MSG field. When there are additional benefit months that could be shown, the system displays the message, "PRESS PF4 TO DISPLAY MORE DATA".

If the Case number requested is not on file, the message "RECORD NOT FOUND" displays.

FIELD 1: CASE NUMBER = MA ID Number of the Case Head

**SELECT OPTIONS:** Fields 2-3 are optional and can be used to limit your search.

- **FIELD 2: CATEGORY** = Category of Assistance from CARES. Use to limit the online display to either BC (BadgerCare) or MAP (Medicaid Purchase Plan). This field can be used with or without Field 3.
- **SEQ** = Sequence Number from CARES for the assistance group. This can only be used if you specify a valid CAT in Field 2.
- FIELD 4: CASE NAME = Field to display Last, First and MI = Name of the Case Head. Note: If the case head's number is not found on the eligibility master file, then "Name Not Found" will display in this field.

#### **Benefit Months**

- **FIELD 5: SELECTION INDICATOR** = This field is used to select the month to view the premium information in the BENEFIT MONTH DETAIL DATA. Place an "S" in the field in front of a specific month and press [enter].
- **FIELD 6: CAT** = The category of assistance for this benefit month.
- **FIELD 7: SN** = The sequence number for this benefit month.
- **FIELD 8: BEGIN** = The benefit month in which a premium is due.
- **FIELD 9: PREMIUM** = The dollar amount of the monthly BC Premium.
- **FIELD 10:** I = Paid Indicator which indicates if a premium payment was received for a particular benefit month. Y (yes) or N (no)
- **FIELD 11: PM** = Payment Method (Actual) for the premium month.

**DP** (Direct Payment)

**ET** (Electronic Funds Transfer)

**WW** (Wage Withholding)

**Note:** An employer can choose **DP** or **ET** as payment method

The most recent months will display in the upper left corner going down the column and the most historic data in the bottom right corner.

#### **Benefit Month Detail Data**

In order for the benefit month detail data to be displayed, an "S" and [enter] must be keyed to the left of the CAT field in the BENEFIT MONTH portion of the screen.

- **FIELD 12: BENEFIT MONTH** = Benefit Month that was selected in the BENEFIT MONTHS portion of the screen.
- FIELD 13: DATE PREMIUM PAID = Date that the premium was paid

No Future Dates are allowed in this field. If the Paid Indicator is updated from N to Y, this field will have a date. Otherwise, the field should remain blank.

**FIELD 14: PAYER ID** = Number of the individual/employer who is paying for the premium.

If the Payment Method of the CATEGORY and SEQ = WW, the Payer ID must reflect that of the Employer ID on the Employer Master File (BN on line screen). If the Payment Method of the CATEGORY and SEQ = ET or DP, the Payer ID must match the case number.

- **FIELD 15: PAYER SSN** = Social Security Number of the recipient/employer who is paying for the premium.
- **FIELD 16: PAYER PIN =** Premium Payer's Personal Identification Number.
- **FIELD 17: PAYER NAME** = Premium Payer's Last, First Names and Middle Initial

### **Recipient Details**

The following information on the Recipient Detail is not displayed due to confidential information: Transit/Routing Number, Bank Account Number and Account Type.

### \*Chosen Payment Method

This field is received via CARES transmission based on what the Assistance Group has indicated to the worker regarding how they want to pay their monthly premiums. If they did indicate Wage Withholding (WW) or Electronic Funds Verification (EFT), the Wage

Withholding or Electronic Funds Transfer form needs to be completed and received by the EDS BadgerCare or MAPP Department for verification before this process will be in effect. Once this information has been verified, the PM (payment method) field will be updated to WW or ET.

## **Employer Details**

The following information on the Employer Detail is not displayed due to confidential information: Transit/Routing Number, Bank Account Number, and Account type.

## \*Payment Method

Payment Method of the Employer (DP or ET)

## \*Payment Frequency

Payment Frequency selected by the Employer, **Q** or **M** (Quarterly or Monthly; must be M if Payment Method entered is ET).

# **SeniorCare Information**

- SD: SeniorCare ICN information search by participant ID number.
- SS: SeniorCare Enrollment Spenddown/Deductible information search by participant ID number.

# SeniorCare Enrollment Spenddown/Deductible Summary Screen (SS)

The SS (SeniorCare Enrollment Spenddown/Deductible Summary) screen displays SeniorCare enrollment information, which includes SeniorCare spenddown and deductible amounts. This screen also contains information such as, the number of participants in a CARES case and the remaining spenddown and deductible amounts.

DATE: 02260	)3		N SENIORCARI DWN / DEDUCTI			TIME	E: 11:20:22
SYS ACTION	SS MSG AI	LL DATA DISPI	LAYED				
ACTION I							
PARTICIPAN:	r ID: 9962	2584010 CARES	CASE: 99002	268920 C	ARES PIN:		
PARTICIPAN	r segments	5:					
1	2	3 4	5			6	5
A ID NUMBE	R I RC II	RQST ID SE	ENT NAME ON	CARD		CARES	S PIN
99625840	LO N 00	07/11	./02 RANOLPH	B CLIEN	Τ	99005	63971
SPENDDOWN SEGMENTS:							
7 8	9	10	11	12	13	14	15
A START	END	ID NUMBER	SD USED SD	REMAIN	ADDED	WRKRID	LAST UPD
_ 07/01/02	10/15/02	0062584010	0.00	1.00	06/27/02		10/17/02

DEDUCTIBLE SEGMENTS:

- 16 17 18 19 20 21 22 23 24 25 A START END ID NUMBER T DED USE DED REM ADDED WRKRID LAST UPD
  - 07/01/02 10/15/02 9962584010 I 0.00 500.00 06/27/02 10/17/02
- **FIELD 1: ID NUMBER** = Participant's MA ID. The participant ID is the same as the 10 digit MA ID used for Medicaid recipients.
- **FIELD 2:** I = Indicator. ID card request indicator ("Y" = ID card requested, otherwise blank).
- FIELD 3: ID RQST = ID requested date. MM/DD/YY
- FIELD 4: ID SENT = ID produced date. MM/DD/YY
- **FIELD 5:** NAME ON CARD = Name on last ID card requested.
- **FIELD 6:** CARES PIN = The CARES PIN on the eligibility master record for the participant segment ID NUMBER.
- **FIELD 7:** A = Detail Action. Blank in inquiry mode. May select with "S" to go to the SD screen.
- FIELD 8: START = Spenddown segment start date. MM/DD/YY
- **FIELD 9: END** = Spenddown segment end date. Blanks will be displayed of the segment has an open-end date. MM/DD/YY
- **FIELD 10: ID NUMBER** = Participant ID. The participant ID will display if it's an individual based spenddown segment. The ID field will be zeroes of it's a case based spenddown segment.
- **FIELD 11: SD USED** = Spenddown Used.
- **FIELD 12: SD REMAINING** = Spenddown Remaining amount.
- **FIELD 13:** ADDED = Spenddown segment add date. MM/DD/YY
- **FIELD 14:** WRKRID = Worker ID. The worker ID of the person that added this Segment.

- **FIELD 15:** LAST UPD = Last Update. Spenddown segment date last updated. MM/DD/YY
- **FIELD 16:** A = Detail Action. Blank in inquiry mode. May select with "S" to go to the SD screen
- FIELD 17: START = Deductible start date. MM/DD/YY
- **FIELD 18: END** = Deductible end date. Blanks will be displayed if the segment has an open-end date. MM/DD/YY
- **FIELD 19: ID NUMBER** = Participant ID.
- **FIELD 20:** T = Spenddown indicator. ("C" indicates a case-based spenddown and "I" indicates an individual spenddown).
- **FIELD 21: DED USE** = Deductible Used.
- **FIELD 22: DED REM** = Deductible Remaining amount.
- **FIELD 23:** ADDED = Deductible segment added date. MM/DD/YY
- **FIELD 24:** WRKRID = Worker ID of the person that added or updated this segment.
- **FIELD 25:** LAST UPD = Last Update. Deductible segment date last updated. MM/DD/YY

## SeniorCare ICN Screen (SD)

The SD (SeniorCare ICN) screen displays manual updates and internal control numbers (ICN) of the SeniorCare claims that have caused the spenddown and/or deductible to be incremented. The SD screen can only be accessed by selecting a segment on the SS screen.

DATE: 022603 WISCONSIN SENIORCARE ENROLLMENT TIME: 13:15:31 SPENDDOWN / DEDUCTIBLE DETAIL SYS ACTION SD MSG ACTION I 1 2 **PARTICIPANT ID:** 9962584010 CARES CASE: 9900268920 ICN / MANUAL TRAILERS: 7 5 6 10 A ICN OR REASON ID NUMBER R DOS SD USED SD REMAIN DED USE DED REM

- **FIELD 1:** PARTICIPANT ID = Participant's MA ID.
- **FIELD 2: CARES CASE** = CARES case number.
- **FIELD 3: ICN OR REASON** = ICN is system generated. Reason code 001 and/or any number for the ICN are valid.
- **FIELD 4: ID NUMBER** = MA ID of the participant in the case.
- **FIELD 5: R** = Reversal Code. A blank is used for amounts deducted from the total spenddown or deductible. An asterisk is used for reversal amounts or amounts that are to be added to the total spenddown or deductible.
- **FIELD 6:** DOS = The date the ICN is being applied. MM/DD/YY (Cannot be earlier than 08/31/02)
- **FIELD 7: SD USED** = Spenddown Used. All ICN trailers have incremented spenddown and deductibles.
- **FIELD 8:** SD REMAIN = Spenddown Remaining.

FIELD 9: DED USE = Deductible Used. All ICN trailers have incremented

spenddown and deductibles.

**FIELD 10: DED REM =** Deductible Remaining.

# **Forward Card Information**

# Card Management Database – Inquiry Screen (MI)

The MI (Card Management Database (CMD) Inquiry) Screen contains a listing of all plastic ID cards issued under the specified Medicaid ID number or Social Security number, and displays the current status of each card. It also contains general information about the card and the cardholder, such as the unique card number (PAN), cardholder's last name, card issue date, and the date of the last update to the card record. Each screen can display information on 15 separate MA ID cards, and is scrollable as necessary.

This screen is accessed by using the recipient's identification number (MA ID).

SYS ACTION MI MSG ALL DATA HAS BEEN DISPLAYED.

1 MAID 3900000000 2 SSN

3 PAN	4 I-MAID	5 L-NAME	6 C-ISSUE	7 C-STAT	8 L-CHNG	9 CL-ID
50770000000000000	3900000000	SHAW	10051999	01	10051999	SYST
50770000000000000	3900000000	CLIENT	09161999	32	10051999	SYST

DATE: 01032001 TIME: 10:23:57

- **FIELD 1: MAID** = Enter the 10-digit recipient Medicaid Identification number (MAID) being researched.
- **SSN** = SSN field will appear on the screen, however the field data will be blank and protected.
- **FIELD 3:** PAN = Personal Account Number is the unique 16-digit card number that is embossed on the front of the card.
- **FIELD 4: I-MAID** = Issued Medicaid Identification Number. The MA ID number is printed on the ID Plastic Card.

- **FIELD 5:** L-NAME = Cardholder Last Name. If the recipient has had a name change, the most current last name will be displayed and printed on the new re-issued card.
- **FIELD 6: C-ISSUE** = ID card issue date. The date that the ID card was produced and mailed to the recipient.
- **FIELD 7: C-STAT** = Card Status/Reason Code. Indicates the status of the card and, if applicable, the reason for deactivation. Valid values for this field are found on the following page.
- **FIELD 8:** L-CHNG = The date of the last change to the CMD record. System generated from the CMD update process.
- **FIELD 9: CL-ID** = This field is entered by the system and identifies the clerk who logged the last change to the CMD record. Consists of the first four letters of the clerk's last name, or SYST if the update occurs in the nightly cycle.
- **SORT:** The information appears on this screen sorted by issue date. Each **MI** screen displays data for up to 13 issued cards.

### STAT/REAS CODES: TABLE OF VALID VALUES

	ACTIVE STATUS
00	Currently Not in Use
01	Active Card Issued
02-09	Currently Not in Use
	INACTIVE STATUS BY ONLINE UPDATE
10	Reported lost
11	Reported stolen
12	Reported damaged
13	Reported Never Received
14	Recip Requests Card (MAID Change)
15	Foster Care/Sub. Adoption Replacement Request
16-19	Currently Not in Use
20	Reported lost and bad address on file
21	Reported stolen and bad address on file
22	Reported damaged and bad address on file
23	Reported never received and bad address on file
24	Recip Requests Card and bad address on file
25	Foster care/Sub. Adoption Replacement Request
26-29	Currently Not in Use
	INACTIVE STATUS BY BATCH UPDATE
30	Name Change
31	Merger of Recipient records (Cert 5 txn)
32	Re-issued/Replaced
33	Deceased
34 – 49	Currently Not in Use
	INACTIVE STATUS – RETURNED FOR BAD ADDRESS
80	Returned card with address change already on file
81	Refused by Recipient
90	Moved, no forwarding
91	Address does not exist
92	Addressee not at this address
93	Mail Not Deliverable
82-89	Currently Not in Use
94-99	Currently Not in Use

(Table of Values Updated 12/10/99)

Note: Shaded rows indicate Status/Reason codes that may be applied via on-line update that is completed by EDS staff.

# Addendum I: Certifying County Codes and Names

CARES =

Description Key:				
RNIP	=	Relief to Needy Indian Program		
DHCF	=	Division of Health Care Financing		
DHFS	=	Department of Health and Family Services		
DJC	=	Division of Juvenile Corrections		
DCFS	=	Division of Children & Family Services		
DES	=	Division of Economic Support		
SSI	=	Supplemental Security Income		
TPL	=	Third Party Liability		
HMO	=	Health Maintenance Organization		
EDS	=	Electronic Data Systems		
MA	=	Medicaid		

Client Assistance for Reemployment and Economic Support

Code - Name Code - Name Code - Name 001 - Adams 040 - Milwaukee 091 - Sokaogon RNIP 002 - Ashland 041 - Monroe 092 - Oneida RNIP 003 - Barron 042 - Oconto 094 - LacCourte RNIP 004 - Bayfield 043 - Oneida 095 - St. Croix RNIP 005 – Brown 044 – Outagamie 160 - DJC Southern Region 006 – Buffalo 045 – Ozaukee 180 - DCFS Madison 007 - Burnett 046 - Pepin 181 - DCFS Southeast Office 008 - Calumet 047 - Pierce 182 - DCFS South Office 009 - Chippewa 048 - Polk 183 - DCFS Fond du Lac 010 - Clark 049 – Portage 184 - DCFS East Office 050 - Price 011 - Columbia 185 - DCFS La Crosse 012 - Crawford 051 - Racine 186 - DCFS West Office 013 - Dane 052 - Richland 187 - DCFS Wisconsin Rapids 014 – Dodge 015 – Door 053 - Rock 188 - DCFS North Office 054 - Rusk 189 - DCFS Ashland 016 - Douglas 055 - St. Croix 191 - DCFS Milwaukee 017 - Dunn 056 - Sauk 260 - DJC Northwestern Regions 018 - Eau Claire 057 - Sawyer 360 - DJC Southern Region 058 - Shawano 019 - Florence 460 - DJC Northwestern Regions 630 - DJC Northwestern Region 020 - Fond du 059 - Sheboygan 660 - DJC So. Region - Milwaukee Lac 060 - Taylor 021 - Forest 701-772 - SSI/MA Agencies 061 – Trempealeau 062 – Vernon 022 - Grant 800-829 - Presumptive Eligibility Providers 023 - Green 063 - Vilas 830 - Katie Beckett Program 024 – Green Lake 064 - Walworth 831-999 - Presumptive Eligibility Providers 025 - Iowa 065 - Washburn 026 – Iron 066 - Washington 027 - Jackson 067 - Waukesha 028 – Jefferson 068 - Waupaca 029 – Juneau 069 – Waushara 070 – Winnebago 030 - Kenosha 031 - Kewaunee 071 - Wood 072 - Menominee 032 – La Crosse 033 – Lafayette 073 - DHCF SeniorCare 034 – Langlade 035 – Lincoln 084 - Menominee 036 - Manitowoc RNIP 037 - Marathon 085 - Red Cliff RNIP 038 - Marinette 086 - Stockbridge 039 - Marquette **RNIP** 087 - Potawatomi **RNIP** 088 - Lac Du

Flambeau 089 – Bad River RNIP

# **Addendum II: W-2 Certifying Agency Codes**

Cty Code	W2 Age	Name
021	01	Forward Service Corp.
		Forest County
029	01	Western Wisconsin Private Industry Council
		Juneau County
031	01	Forward Service Corp.
		Kewaunee County
040	01*	YW Works
		Milwaukee County Region I
040	02	United Migrant Opportunity Services
		Milwaukee County Region II
040	03	Opportunities Ind Center of Grtr Milwaukee
		Milwaukee County Region III
040	04*	Goodwill Industries of Southeastern Wis.
		Milwaukee County Region IV & V
040	05	MAXIMUS
		Milwaukee County region VI
043	01	Forward Service Corp.
		Oneida County
058	01	Shawano County Job Center
	- 4	Shawano County
063	01	Forward Service Corp.
004	0.4	Vilas County
064	01	Kaiser Group
000	04+	Walworth County
880	01*	Lac du Flambeau Tribe
089	01*	Bad River Tribe
092	01*	Oneida Tribe
	*	Not Currently Used

## Addendum III: MCP Codes and Description

The following codes represent coverage for Medicaid/BadgerCare that is provided through a Health Maintenance Organization or a Special Managed Care program.

#### MCP Code/Name

- 01 Security Health Plan
- 02 Group Health Coop
- 03 Dean Health Plan
- 04 Atrium Health Plan
- 05 Greater LaCrosse Health Plan
- 06 Abri Health Plan (start date 11/1/04)
- 07 CompCare Health Services (end dated 3/31/00)
- 08 Family Health Plan (end dated 6/30/00)
- 09 Humana (end dated 1/31/01)
- 10 Coordinated Care Health Services (formerly Maxicare and end dated 2/29/00)
- 11 Mercy Care Health Plan
- 12 Network Health Plan
- 13 United Health of Wisconsin (formerly PrimeCare)
- 14 Samaritan Health Plan (end dated 12/31/91)
- 15 Touchpoint Health Plan (formerly United Health of Wisconsin)
- 16 Physicians Plus (end dated 12/31/00)
- 17 Group Health Eau Claire
- 21 Unity Health Plans (U-Care HMO Inc.)
- 22 Managed Health Services
- 30 Managed Health Services (end dated 8/31/97, Formerly Genesis Health Plan)
- 34 Valley Health Plan
- 56 Allied Services
- 57 Family Care CMO Grandfathered
- 58 Family Care CMO Intermediate Level of Care
- 59 Family Care CMO Comprehensive Level of Care
- 60 Health Care Connections (end dated 5/31/01)
- 62 Wraparound Milwaukee
- 63 Community Living Alliance (Partnership Program, Formerly Access to Independence)
- 64 Children Come First
- 65 Community Care for the Elderly
- 66 Independent Care Program
- 67 Center for Independent Living in Western Wisconsin
- 69 Elder Care Option Program (PACE Program)

#### **MCP Exemption Codes**

70 – 94 Exempt, Fee for Service (Prevents individual from being enrolled in an HMO)

# **Addendum IV: Claim Types**

CT	Program
10	Drugs
	(Specials)
19	Drug Adjustments
	(Specials)
20	Physicians
	(Specials)
21	Dental
	(Specials
22	HealthCheck
	(Specials)
23	Outpatient
24	(Specials)
24	DME (Outside)
	(Specials)
	Transportation
	(Specials) Vision
	(Specials)
	Miscellaneous
	(Specials)
	Home Health
	(Specials)
	Therapy
30	Prof X-Overs
	(Specials)
31	Otpt X-Overs
	(Specials)
39	Professional Adj.
	(Specials)
40	Inpatient
	(Specials)
41	Nursing Home
	(Specials)
49	Institution Adj.
50	(Specials)
50	Inpt X-Overs
<b>-</b> 4	(Specials)
51	NH X-Overs
E0	(Specials)
59	NH Adjustments
60	(Specials) HMO Capitation
79	HMO Capitation Adj.
13	r iivio capitation Auj.

# **Addendum V: Buy-In Eligibility Codes**

### Mandatory Buy-In Eligibility Codes

L = Specified Low Income Medicare Beneficiary (SLMB)

M = entitled to Medicaid only (MAO) – non-cash recipients who are not QMB

P = Qualified Medicare Beneficiary (QMB)

#### Optional Buy-In Eligibility Codes

C = entitled to Part A of Title IV (AFDC)

U = Specified Low Income Medicare Beneficiaries Plan (SLMB+)

Z = deemed categorically needy

### CMS Generated Buy-In Eligibility Codes

A = aged recipient of Federal SSI payments

B = blind recipient of Federal SSI payments

D = disabled recipient of Federal SSI payments

E = aged recipient of supplemental payment administered by SSA

F = blind recipient of supplemental payment administered by SSA

G = disabled recipient of supplemental payment administered by SSA

H = aged, blind, or disabled recipient of a one time payment

# **Addendum VI: Provider Type and Specialty Codes**

Type	e – Description	Sne	c – Description
17	Automated Billing Service	128	Electronic Media Claims (non-billing)
.,	Automated Dining Colvice	120	Not a Medicaid provider
19	Osteopath (DO)	001	General Practice
20	Physician (MD)	002	General Surgery
21	Osteopath Group	003	Allergy
22	Physician Group	003	Ear, Nose, and Throat Otorhinolaryngology
~~	1 Trysician Group	005	Anesthesiology
		006	Cardiovascular Disease
		007	Dermatology
		008	Family Practice
		009	Emergency Medicine
		010	Gastroenterology
		011	Internal Medicine
		012	Manipulative Therapy
		013	Neurology
		013	Neurological Surgery
		015	Obstetrics and Gynecology
		018	Ophthalmology
		020	Orthopedic Surgery
		021	Pathology
		024	Plastic Surgery
		025	Physical Medicine and Rehab
		026	Psychiatry
		028	Proctology
		029	Pulmonary Disease
		030	Radiology
		032	Radiation Therapy
		033	Thoracic and Cardiovascular Surgery
		034	Urology
		036	Nuclear Medicine
		038	Geriatrics
		039	Nephrology
		040	Oncology and Hematology
		042	Pediatric Cardiology
		043	Pediatric Allergy
		046	Preventive Medicine
		047	Miscellaneous
		070	Clinic
		145	Urgent Care
23	Independent Lab	066	Physician Clinical Lab
	·	067	Blood Bank
		069	Independent Lab
24	Federally Qualified Health Center	143	Federally Qualified Health Center
25	Ambulance	096	Air Ambulance
		097	Water Ambulance
		143	Federally Qualified Health Center
		143 195	Federally Qualified Health Center Basic Life Support Statewide (valid as of 7/1/98)
		195	Basic Life Support Statewide (valid as of 7/1/98)
		195 196	Basic Life Support Statewide (valid as of 7/1/98) Advanced Life Support Statewide (valid as of 7/1/98)
		195 196 197	Basic Life Support Statewide (valid as of 7/1/98) Advanced Life Support Statewide (valid as of 7/1/98) Basic Life Support Metro (valid as of 7/1/98)

Tyn	o - Description	Sno	ec – Description
	<u>e – Description</u>		
26	Pharmacy	087	<i>y</i> '
		089	Pharmacy (35-89% NH)
		090	Pharmacy (90-100% NH)
		167	Claim Aggregate Exempt (0-34% NH)
		168	Claim Aggregate Exempt (35-89% NH)
		169	Claim Aggregate Exempt (90-100% NH)
27	Dentist	017	Endodontics
		019	General Practice
		023	Oral Pathology (Bills CPT oral surgery codes)
		041	Oral Surgery (Bills CPT oral surgery codes)
		061	Orthodontics
		070	Clinic
		072	Pedodontics
		073	Periodontics
		076	Prosthodontics
		170	Oral Surgeons/Pathologists Billing ADA Codes
		171	Dentists billing CPT Oral Surgery Codes
28	Optometrist	070	Clinic
20	Optometrist		
		088	Optometrist
00	Ontinian	146	Therapeutic Pharmaceutical Agents
29	Optician	022	Optician
		070	Clinic
30	Chiropractor	035	Chiropractor
		070	Clinic
31	Psychotherapist	048	Alcohol and Other Drug Abuse Counselor (non-billing)
			Psychiatric Nurse (non-billing)
		049	Licensed Psychologist (PhD)
		062	Clinic, PhD only
		070	Psychotherapist (MS, MSW) (non-billing)
		078	
32	Podiatrist	070	Clinic/Group
		130	Podiatrist
33	Nurse Service	045	Licensed Practical Nurse
		070	Clinic
		071	Nurse Midwife
		075	Registered Nurse
		136	LPN/RCS
		137	RN/RCS
34	Physical Therapy	065	Physical Therapist
		070	Clinic
		077	Therapy Assistant (non-billing)
35	Occupational Therapist	074	Occupational Therapist
	·	114	Therapy Assistant (non-billing)
		070	Clinic
36	Speech & Hearing Clinic	068	Speech and Hearing
37	Audiologist	064	Audiologist (valid through 12/31/98)
		070	Clinic
		115	Audiologist / Hearing Instrument Specialist (only
			allowable specialty effective 1/1/99)
38	Therapy Group	117	Restorative Care
39	Comprehensive Outpatient	093	Restorative Care Rehabilitation Facility (CORF)
00	Comprehensive Carpation	300	(obsolete, now included under PT 65)
40	Community Care Organization	099	Community Care Organization
41	Respiratory Therapist	070	Clinic/Group
71	resopratory ritorapist	138	Respiratory Therapist
		100	1. Copilatory Thorapiot

T	. Decerinties	Cma	a Decembries
_	<u>e – Description</u>		<u>c – Description</u>
42	Transportation / Specialized		Ambulance (valid through 6/30/98)
	Medical Vehicle	095	Specialized Medical Vehicle
		096	Air Ambulance (valid through 6/30/98)
		097	Water Ambulance (valid through 6/30/98)
		143	FQHC
43	Anesthetist	070	Clinic/Group
		131	Anesthesiologist Assistant
		132	CRNA
44	Home Health	044	Urban
		126	Rural
		132	CRNA
45	Nurse Practitioner	070	Clinic/Group
40	14dioc i raditionei	139	Certified Pediatric Nurse Practitioner
		140	Certified Family Nurse Practitioner
		141	Other Nurse Practitioner
46	Dranatal Cara	142	Nurse Practitioner/Nurse Midwife
46	Prenatal Care	143	Federally Qualified Health Center
		148	Prenatal Care Coordination Benefits
		154	
		155	
		156	Public Sector – Other
		157	
		158	Private Sector – Multi Service
		159	Private Sector – Other
47	ICF-Nursing Home		(cancelled effective 10/31/90)
54	Medical Vendor	054	Medical Equipment/Supplies
		143	FQHC
55	Crisis Intervention	179	County agency (matching funds agency – biller only)
		180	County agency subcontractor (Performer matching funds
			agency or subcontractor – non-billing)
56	School Based Services	181	CESA Statewide Rate
		182	School District, Statewide Rate
		183	CESA Individual Rate
		184	School District, Individual Rate
57	Medicaid Administrative Claiming	190	Medicaid Administrative Claiming
58	Individual Medical Supply	055	Individual Orthotist
		056	Individual Prosthetist
		057	Individual Orthotist/Prosthetist
		058	Other Individual Medical Supply
		143	FQHC
60	Day Treatment	016	Clinic (board owned and operated)
00	Bay froatmone	070	Clinic (non-board operated)
		111	AODA Clinic Only (non-board operated)
		112	AODA Clinic Only (board owned and operated)
		118	General Hospital/Inpatient
		119	IMD
		143	FQHC
		164	Mental Health Only *
		165	
		166	AODA Only *  Montal Health and AODA*
		100	Mental Health and AODA*  * Not currently used
61	Conoral Hospital Innations	000	* Not currently used
61	General Hospital Inpatient	080	1-49 beds
		081	50-74 beds
		082 083	75-199 beds 200+ beds
		000	200. peda

Тур	e – Description	Spe	ec – Description
62	General Hospital Outpatient	113	Outpatient
64	Institution for Mental Disease	053	SNF
		085	ICF
		106	AODA General Hospital
		107	
		108	General Hospital/Inpatient – Other
		109	Residential Inpatient AODA
		110	Other
		120	Psychiatric Rehab Unit
65	Rehabilitation Agency	093	Restorative Care/Therapy
	· · · · · · · · · · · · · · · · · · ·	143	FQHC
66	HealthCheck (EPSDT)	052	Screener
		059	Screener/Case Management
		143	FQHC
		185	Case Management Only
67	HealthCheck Other Services	144	HealthCheck Other Services
70	Ambulatory Surgery Center	002	General Surgery
71	Family Planning Clinic	084	Family Planning
	r army r farming clime	143	FQHC
73	End Stage Renal Disease	050	Free Standing
, 0	End Stage Renal Disease	051	Hospital Affiliated
		143	FQHC
74	Mental Health/AODA Clinic	016	Clinic (board owned and operated)
, 4	Wentai Fleath/AODA Office	070	Clinic (non-board operated)
		111	Non-Board Operated (AODA - Only)
		112	Board Owned and Operated (AODA only)
		143	Federally Qualified Health Center
		160	Board Owned and Operated (Mental Health only)*
		161	Board Owned and Operated (Mental Health and AODA)*
		101	Non-Board Operated (Mental Health and AODA)*
		162	Non-Board Operated (Mental Health and AODA)*
		163	* Not currently used
75	Portable V ray	063	•
75 78	Portable X-ray Speech Pathology/Therapy	070	Portable X-ray Clinic
10	Speech Falliology/Therapy	070	
			Speech Therapy (BA) (non-billing)
70	M.D. Facility	092	Speech Therapy (MA) SNR/ICF/MR
79	M.R. Facility	104 105	
		121	Centers
		123	Distinct Part ICF/MR
80	Nursing Eacility	053	SNF
80	Nursing Facility	080	1-49 Beds
		080	50-74 Beds
		082	75-199 Beds
		083	200+ Beds
02	Health Ingurance Diek Charing		Policyholder
83	Health Insurance Risk Sharing	191	
	Plan (Not a Medicaid provider)	192	Insurance Agent
		193	Insurance Company
Q/I	Hearing Instrument Specialist	194 027	Misc.
84	Hearing Instrument Specialist		Hearing Instrument Specialist
O.F	Hoolth Maintananaa Organization	070	Clinic
85	Health Maintenance Organization	127	Health Maintenance Organization
		173	Health Care Connections (beginning 9/1/97)
		186 187	HMO Covers Chiropractic and Dental
		101	HMO Covers Chiropractic Only

Type - Description		<u>Spe</u>	ec – Description
		188	,
		189	HMO Does Not Cover Chiropractic or Dental
86	Personal Care Provider	031	Personal Care Group
		143	FQHC
87	Buyin (Not a Medicaid provider)	070	Clinic/Group
88	Physician Assistant	079	, ,
89	Community Support Program	133	
		143	`
		143	
90	Case Management	086	
		098	• • • • • • • • • • • • • • • • • • •
		100	
		101	
		102	
		103	
		116	Other
		143	Federally Qualified Health Center
91	VIP Mailing List (Not a Medicaid	149	All Publications
	provider)	150	Limited Publications
92	Subscribers Mailing List (Not a	151	
	Medicaid provider)	152	
		153	1 2
	B. B	178	Presumptive Eligibility
92	Primary Provider	070	Non-Certified Satellite Office (non-billing) (12/01/94-
93	Chronic Disease Program (Not a	174	05/31/97) Pharmacy Provider
33	Medicaid provider)	175	Physician Provider
	Wedicala provider)	176	Hospital Provider
94	Rural Health Clinic	050	Free Standing Clinic
0.	rtarar riodiar omno	051	Hospital Affiliated
		143	FQHC
95	Hospice	122	
	. 100p.000	124	·
		125	Free Standing
		129	Nursing Home
		143	FQHC
96	OBRA Drug Mfg.	147	OBRA Drug Mfg. (Not a Medicaid provider)
97	OBRA Level II Screening	172	Level II Screening (Not a Medicaid provider)
98	Primary Provider	173	Managed Care (12/01/94- 05/31/97)
99	Pricing Provider Type*	997	Recipient < age 21 incentive pricing specialty for services
			performed by any provider type except 27 (dentists)*
		998	Recipient < age 21 incentive pricing specialty for services
			performed by provider type 27 (dentist)*
		999	Default pricing specialty (used with all valid provider
			types except 99 [pricing provider type])*
			*For more information regarding these provider
			types and specialties, please refer to the Pricing
			Overview.
			Overview.

## **MMIS Edits**

#### Goals

This section will provide participants with:

- An explanation of the MIER screen, its functions, and its use.
- A description of the MMIS edits that appear on the MIER screen.
- A demonstration of the worker resolution process.
- An understanding of how the edits affect eligibility and TPL information.

## **Objectives**

After this section, the participant will be able to:

- Resolve the edits that appear on the MIER screen.
- Identify probable existing edits when resolving eligibility and TPL information issues.

## **Worker Resolution of MMIS Edits**

## **MMIS Interface**

The MMIS Interface collects the following information from the CARES Application Entry subsystem:

- Demographic data including name, date of birth, sex, social security number, and PIN
- 2. Confirmed eligibility date including begin/end dates and the categories for which the individual is eligible.
- 3. Other health insurance information (TPL), Medicare Buy-In information, and the QMB begin date.
- 4. Recipient liability information including begin and end dates and the liability amount.
- 5. Community Waivers eligibility dates and types of waivers.
- 6. Family Care and Pace/Partnership enrollments.
- 7. BadgerCare Premium amounts and payment updates.
- 8. BadgerCare employer provided major medical insurance access.

# How to Send/Resend Eligibility from CARES to MMIS

- 1. Verify the benefit is correct in CARES.
- 2. Check if the individual is open for SeniorCare (SC) or Family Planning Waiver (FPW) in CARES.

If the individual is not open for SC or FPW: Use MIMI to resend existing eligibility data to MMIS for all open eligibility coverage periods within the last 12 months through the current month. MIMI can be used to resend eligibility that previously did not update MMIS because of an edit failure. To resend an individual's current demographic information (sex, date of birth, name, social security number) and eligibility to MMIS, access MIMI with the individual's PIN and press PF18 when the screen displays.

**NOTE**: PF18 on MIMI will not send any benefits to the MMIS for periods when SC or FPW eligibility exists for an individual.

If the individual is open for SC or FPW: Running SFED or SFEX without dates and confirming on AGEC sends the current month and future months' eligibility to MMIS. When sending a change in eligibility for prior months, run SFED or SFEX for each month for which a change is being made. This is done by adding a "/" and "DDMMYY" after the case number to identify the month for which the change has been made and to create accurate budget screens for that month. This process sends the

updated eligibility and current demographic information to MMIS when confirmation is completed on AGEC.

# How to Send/Resend Demographic and TPL from CARES to MMIS

Current TPL and demographic information such as a change in address is sent from CARES to MMIS when changes are made to the CARES screens. It is not necessary to run SFED or SFEX or PF18 on MIMI to send TPL or demographic information.

# **Verifying Eligibility on MMIS**

In most instances eligibility can be viewed on EDSNET "RE" screen two business days after it has been confirmed in CARES or resent using PF18 on MIMI. If, however, internal MMIS review is necessary, it may take up to a week before the eligibility will appear on the "RE" screen. If eligibility is not on the "RE" screen within five working days, call the extension of the EDS Eligibility Analyst assigned to your county at (608) 221-4746. See Appendix A for the analyst assigned to your county.

## Third Party Liability (TPL)

Many improvements have been made in the CARES MMIS TPL interface. There are additional improvements under development. Although most TPL is added to the MMIS through insurance disclosure, many updates occur from changes made on AFMC and AFMI. The most common update from CARES is the policy end-date, especially when the policy was employment related. If TPL is not updated on the "RT" screen within five working dates, call the EDS COB Analyst at (608) 221-4746, extension 3108.

When a worker adds 'Complete TPL' insurance information to AFMC and AFMI, CARES automatically sends the information to MMIS. If this policy is not already present on the MMIS, MMIS adds the insurance.

When a worker deletes or changes AFMC or AFMI on a 'Complete TPL' insurance policy, CARES automatically sends the same information (delete or change) to the MMIS. If TPL is not verified on the MMIS, all CARES changes and deletes to the policy are applied to the MMIS. Once TPL has been verified on the MMIS (either manually or by insurance disclosure), the MMIS protects the T-segment from certain changes and from being deleted.

Workers can determine whether the MMIS will automatically apply a CARES TPL update (delete or change) based on the AFMI screen in CARES. AFMI has a verification field (VR) that indicates the MMIS verification status of the TPL. The VR field values are defined in the AFMI help screen. If the worker has verification that the insurance ended, apply the end date to AFMC (all individuals in the policy) or to AFMI (one or more individuals insurance ended). This action will update the MMIS policy end

date on "RT". It is not necessary to call EDS COB to have the policy information changed on the MMIS unless the updates do not appear on RT. EDS no longer verifies the policy end dates from CARES, with the insurance carrier before updating the MMIS. However, if the AFMI screen shows an "M" or "X" in the VR field, workers should not delete AFMC or AFMI nor should they update the policy start date on AFMC or AFMI without first contacting the EDS COB analyst. MMIS does not apply CARES changes to the carrier code, policy number and coverage flags. The MMIS pends, for EDS manual verification, the CARES updates that attempt to delete verified TPL or to change a policy start date on verified TPL.

VR (AFMI)	Definition	Worker Action
X	MMIS verified through carrier exchange	Check the RT screen on EDSNET. If the TPL does not appear on the RT screen in EDSNET, the worker may delete or change the individual's coverage information on screen AFMI. In addition, if the
M	MMIS manually verified	policy end date is more than 13 months in the past, AFMI may be deleted. If all AFMI for a specific policy have been deleted, it is necessary to delete AFMC.
Α	Assumed	
Blank	Not verified	If the TPL appears on the RT screen in EDSNET, apply all appropriate changes that are supported by verification (e.g.: policy ended due to employment end). If the VR on AFMI is 'M' or 'X', do not delete AFMI or AFMC. Also do not change the policy start date.

If the worker is having trouble getting TPL put on the MMIS, s/he should check the information on AFMC and AFMA. If s/he identified "OTH" in the carrier code on AFMC, s/he need to locate and enter the valid carrier code. EDS does not process CARES TPL that contains "OTH" in the carrier code. There are some types of insurance that require a "blank" carrier code on AFMC to prevent the policy from being sent to the MMIS. Refer to Operations Memo 01-40 titled "MA – Entry of Health Insurance Information in CARES".

The MMIS provides Third Party Liability to CARES on a daily basis. CARES updates the online AFMI, AFMC, and AFMA screens with the information from the MMIS. The MMIS also provides MMIS error messages to CARES indicating that the MMIS was not updated with the CARES information. MMIS updates the MIER screen with the errors that need worker resolution.

## **MIER**

This screen contains errors that have prevented an update to demographic, eligibility, TPL and/or recipient ID information on the MMIS. The errors remain on MIER until the worker updates the MIER screen. Alert (120) is sent to the worker indicating that there are new errors present on MIER for their cases. The alert automatically disappears after 7 days.

## **How to Access MIER to View MMIS Edits**

Key MIER on the "next tran" line and leave the "parms" line blank to access the screen and view edits related to your caseload. To access MIER for another caseload, key MIER on the "next tran" line and the CARES ID and caseload number of the worker on the "parms" line. (**Example:** XDA800/9090)

MIER		RECORD ERROR RESOLUTION				
USER ID: XCT	999					
RECIP PIN	TRAN TYPE	ERR CD	RES IND.	ICN NUMBER	ERROR DESCRIPTION	
99119994371	50	143	N	09098222075601	MMIS DOD 021598 <cares 022998<="" end="" th=""></cares>	

#### **USER ID**

This field displays the user ID of the worker generating the transaction for which the errors exist.

#### **RECIP PIN**

This field displays the CARES PIN of the individual for whom an error is being reported.

#### TRAN TYPE

This field displays the record type number used by CARES and MMIS to identify the type of transaction that CARES transmitted to MMIS.

#### **ERR CD**

This field displays an error code from the TMER table identifying the reason the CARES update did not apply.

#### **RES IND**

This field displays an "N", but when the worker resolves the edit error s/he must enter a "Y" to delete the edit from MIER.

#### **ICN NUMBER**

This field displays the Internal Control Number used by MMIS to uniquely identify EDS records.

#### **ERROR DESCRIPTION**

This field displays the text description of the error code. The information displayed is related to that individual and is helpful in resolving the edit.

# Edit 143: Cannot Extend Eligibility Beyond the Date of Death

RECIP PIN	TRAN	ERR	RES	ICN	ERROR
	TYPE	CD	IND	NUMBER	DESCRIPTION
1234567890	50	143	N	09001222075601	MMIS DOD 091501 <cares 093001<="" end="" td=""></cares>

## **Error Description Field on MIER:**

The Error Description field provides the date of death for the recipient on MMIS/EDS as well as the eligibility end date sent from CARES for the recipient.

#### Reason for the Edit:

**Important** 

The CARES system has sent EDS eligibility information for an individual that has a date of death recorded on MMIS. The date of death is earlier than the last date of eligibility that CARES is attempting to put on the MMIS eligibility record for that individual.

When the date of death is entered in CARES for an individual, it can be changed until the end of the day in which that change is being made. That night the last confirmed change made to the date of death field is sent to MMIS and will be applied to the individual's MMIS record. Any other changes made to the date of death (DOD) field in CARES after that date will not be applied to the

individual's MMIS file. If a correction is not made within the same day, one or two HCF 10110 (formerly 3070) forms must be sent to EDS to correct the DOD on MMIS. Please see the note at the end of the Resolution section for instructions on completing the forms.

**Example:** A worker incorrectly enters a date of death for an individual and confirms the change. The worker realized the following day that an error was made and corrects the error on CARES by overtyping the data on ANDA. The original information has been sent to MMIS and applied to the individual's record. Other updates from CARES will not be applied to the first change that came from CARES.

## **Impact of the Edit Failure on the Recipient:**

When date of death has been sent and applied to MMIS by CARES or any other source, MMIS/EDS will no longer accept eligibility (EDS will no longer consider Medicare claims for payment) and/or Buy-In eligibility beyond the date of death. The individual could be denied medical services because eligibility is not on MMIS.

## **Example of an Edit Occurrence:**

The wife in a case is deceased. The date of death was incorrectly put on the husband's line rather than the wife's line in ANDA. This information is sent to EDS/MMIS and the date of death is applied to the husband's MMIS record. The worker realizes the error at a later date and removes the date of death for the husband from ANDA and adds the date of death to the wife on ANDA. The worker also runs SFED or SFEX to reinstate eligibility for the husband. The new date of death record for the wife is sent to EDS/MMIS and the date of death is put on the wife's MMIS record also. The date of death is not removed from the husband's MMIS file and the husband's eligibility is not added to his MMIS file. He is not eligible on MMIS and may be denied medical services.

## **Example of How to Prevent the Edit:**

Be sure to enter the correct date of death for the correct case and the correct individual within the case on the ANDA screen.

### **Resolution:**

Access the MIER screen and select a PIN, the associated Error Code (ERR CD) to be resolved and the date of death in the Error Description. Tran to the MIMI screen with the individual's PIN to obtain the MA ID. Tran to AQIP with the individual's PIN to obtain the associated case number. Access ANDA with the case number to review the date of death displayed on the screen. Access EDSNET and key RB in the System Action field and the MA ID from the MIMI screen in the Client ID field. Compare the date of death on the RB screen with the date of death on the ANDA screen.

- I. If the date of death on ANDA is the same as the date of death on the RB (Recipient Base Segment screen) screen, key RE (Recipient Eligibility screen) in the System Action field and leave the same MA ID in the Client ID field. Check to see that all eligibility up to the date of death is displayed on the RE screen.
  - A. If all of the eligibility segments are on the RE screen up to the date of death, no changes are necessary.
  - B. If there are eligibility segments during the last twelve months that are missing on the RE screen, re-send eligibility to MMIS. Tran to MIMI with the individual's PIN and press PF18 when the screen displays. This will send the individual's current demographic information and eligibility for the last twelve months (including current) to MMIS. It is not necessary to run

SFED or SFEX and confirm on AGEC to send future months' eligibility to EDS unless these months are prior to the date of death.

- II. If there is no date of death displayed on ANDA or the date of death on ANDA is different than the date of death (DOD) on the MMIS RB screen, verify the correct date of death by checking information in the case file. Check screen history on ANDA to be sure a date was not entered in the date of death field and then an update was done to the screen to delete the incorrect information.
  - A. If the date of death on ANDA is correct and the DOD on the MMIS RB screen is incorrect (the individual is not deceased or the actual DOD is different than the MMIS DOD), the MMIS date of death must be corrected and any missing eligibility segments on MMIS must be re-sent from CARES. According to the instructions found at the end of the Resolution section for this edit, send a HCF 10110 (formerly 3070) form to EDS to correct the date of death on MMIS and re-send eligibility to MMIS.
  - B. If the date of death on the MMIS RB screen is correct and the DOD on CARES is incorrect or missing, change or add the correct DOD to the ANDA screen and re-send eligibility and DOD information to EDS. Tran to MIMI using the individual's PIN and press PF18 when the screen has been accessed. This will send the individual's updated information and eligibility for the last twelve months (including current) to MMIS. It is not necessary to run SFED or SFEX and confirm on AGEC to send future months' eligibility to EDS unless these months are prior to the date of death.
  - C. If the date of death is incorrect on both the MMIS RB screen and ANDA in CARES, make the correction to CARES and then MMIS. Tran to ANDA with the case number and enter the correct date of death. According to the instructions found at the end of the Resolution section for this edit, send a HCF 10110 (formerly 3070) form to EDS to correct the date of death on MMIS and re-send eligibility to MMIS.

HCF 10110 Instructions for Removing or Changing a Date of Death on MMIS

To remove the date of death from MMIS submit a HCF 10110 (formerly 3070) form with "-----" (six dashes) in the DOD field and a note in the comment box that explains why the date of death needs to be

removed.

**Important** 

To change a date of death on MMIS, submit two HCF 10110 (formerly 3070) forms. Submit the first HCF 10110 with "-----"(six dashes) in the DOD field and a note in the comment box explaining that the date of death needs to be removed and then changed.

Submit the second HCF 10110 with the correct date of death in the DOD field and a note in the comment box explaining that the date of death should be changed.

D. It may take up to a week for the date of death to be changed at EDS/MMIS from the day the HCF 10110 is received at EDS. Verify that the DOD has been corrected on MMIS by accessing EDSNET and checking the RB screen. Key RB in the System Action field and the MA ID found on MIMI in the Client ID field. When the date of death has been corrected on MMIS, re-send eligibility to MMIS. Tran to MIMI using the individual's PIN and press PF18 when the screen has been accessed. This will send the individual's updated information and eligibility for the last twelve months (including current) to MMIS. It is not necessary to run SFED or SFEX and confirm on AGEC to send future months' eligibility to EDS unless these months are prior to the date of death.

#### Screens associated to this edit:

MIER RB AQIP RE ANDA AGEC

MIMI

# Edit 226: CARES Cancel Date is Greater than End Dates on MMIS Eligibility Segment

RECIP PIN	TRAN	ERR	RES	ICN	ERROR
	TYPE	CD	IND	NUMBER	DESCRIPTION
1234567890	50	226	N	09098222075601	CANCEL DT 053198>END DT 022898

## **Error Description Field on MIER:**

The Error Description field shows the CARES end date (CANCEL DT) sent to EDS for the recipient and the end date (END DT) on the most recent MMIS/EDS eligibility segment for the recipient.

#### **Reason for the Edit:**

The eligibility end date (CANCEL DT) in CARES is beyond the eligibility end date in the most recent MMIS/EDS eligibility segment. CARES is trying to end eligibility for a date further into the future than MMIS has eligibility for the individual. Example: CARES eligibility is ending on 01-31-99. MMIS/EDS eligibility is ending 11-30-98.

## **Impact of the Edit Failure on the Recipient:**

There may be eligibility that is missing from the individual's MMIS/EDS eligibility record for a period of time between the CARES eligibility end date (displayed on AQIE) and the eligibility end date on MMIS (found on the EDSNET RE screen). As a result, the individual may be or might have been denied Medicaid/BadgerCare services during that period of time.

### **Resolution:**



Access the MIER and check for any other edit failures for the same PIN before beginning to research the 226 edit. It is possible that this edit is the result of eligibility not being added to the MMIS file because another edit for the same individual has not yet been resolved.

- I. If there are any other edits related to this PIN, resolve those edits and re-send eligibility to MMIS. Allow a week for EDS to update the information in MMIS. After that time, access EDSNET to verify that all eligibility appears on the individual's file. Tran to MIMI with the individual's PIN to get the MA ID number. Key RE (Recipient Eligibility screen) in the System Action field and the MA ID number in the Client ID field.
  - A. If all eligibility is on file for the individual, no further changes are required.

- B. If there is eligibility that is missing from MMIS (the end date on the top segment on the RE screen is still less than the end date on the AQIE screen in CARES), complete the following steps to resolve the 226 edit.
- II. If there are no other edits found on MIER for this PIN number, resolve the edit in the following manner:

Access the MIER screen to obtain the PIN number and the associated Error Code (ERR CD). Tran to AQIE with the PIN number to determine the eligibility end date. If there is no end date for the current eligibility segment on AQIE, the end date that is sent to MMIS is the last day of the month following the individual's next review date. This date should be seen on the EDSNET RE screen. Tran to MIMI with the PIN number to obtain the individual's MA ID number from MIMI. Access EDSNET and key RE in the System Action field and the MA ID number in the Client ID field. Compare the end date at the top of the segment on the RE screen with the end date on AQIE.

- A. If the end date on AQIE and the end date on the RE screen are the same (there is no eligibility missing from the RE screen), no change is required.
- B. If the end date on AQIE and the end date on the RE screen are different (there is eligibility missing from the MMIS RE screen), re-send eligibility to MMIS. Tran to MIMI with the individual's PIN number and press PF18 when the screen has been accessed. This will send the individual's current demographic information and eligibility for the last twelve months to EDS. Run SFED or SFEX and confirm on AGEC to send the current benefit month and future months eligibility to MMIS.

NOTE: If you have completed the process for resolving this edit and the edit again appears on MIER as well as eligibility continues to be missing from the RE screen, call the extension of the EDS Eligibility Analyst assigned to your county. Explain to the analyst that you have a 226 edit that cannot be resolved and thus you are unable to have eligibility applied to the individual's MMIS file. Provide the analyst with the individual's MA ID number, name and PIN. The analyst will work with you to ensure that eligibility is added to the individual's file.

#### Screens associated to this edit:

MIER MIMI AQIE

RE

**AGEC** 

#### **Edit 415: Invalid/Missing State Code**

RECIP PIN TRAN	ERR	RES	ICN	ERROR
TYPE	CD	IND	NUMBER	DESCRIPTION
1234567890 50	415	N	09098294082501	WO

#### **Error Description:**

Contains the invalid state code that CARES sent to the MMIS.

#### Reason for the Edit:

CARES sent a blank or invalid state code to EDS through the MMIS system.

CARES allows codes to be entered in the "state" field on address screens that are not in the United States because recipients may move out of the United States and are still entitled to receive a notice of decision out of the country. The CARES/MMIS interface only accepts a state code in the United States and the District of Columbia (DC).

#### **Impact of the Edit Failure on the Recipient:**

The incorrect spelling of a state abbreviation or the use of a country code (abbreviation) in the state field on an address screen prevents MA eligibility from being updated for the individual on MMIS. The individual may not receive a Medicaid card and could also be denied medical services since eligibility may not be on MMIS. If you are trying to end eligibility on CARES, benefits could continue to be provided to the individual incorrectly.

#### **Example of an Edit Occurrence:**

The state code "WI" (Wisconsin) is incorrectly keyed as "WO" (Wake Island in CARES TSTA table) on ACCH. CARES allows this territory abbreviation code because it is in the TSTA table. However, MMIS rejects "WO" because it is not a valid state code (United States and District of Columbia).

#### An Example of How to Prevent the Edit:

Be careful to key the state code accurately. Access the TSTA table of territory and state codes and descriptions to verify the correct state code.

#### **Resolution:**

Access the MIER screen and select a PIN and the associated Error code as well as the error description. Tran to AQIP with the PIN in order to obtain the case number associated to the individual's PIN. Access all address screens (ACCH-Case Household Information, ACMA-Case Mailing Address, and ACDP-Designated Payee) and check all state code fields to be sure the correct code has been entered.

- If the code is incorrect (**Example:** The state code WI is incorrectly keyed as WO, or a verification code "AF" is used instead of WI) correct it. Tran to MIMI with the individual's PIN and press PF18 when the screen displays. This will send the individual's information (corrected state code) and eligibility for the last twelve months (including current) to MMIS. Run SFED or SFEX and confirm on AGEC to send the future months of eligibility to MMIS.
- II. If the individual has relocated out of the United States, complete a HCF 10110 (formerly 3070) form to change the address on the MMIS file to your agency address. Future mailings from MMIS will come to you to be forwarded to the client.

#### Screens associated to this edit:

MIER

**AQIP** 

ACCH

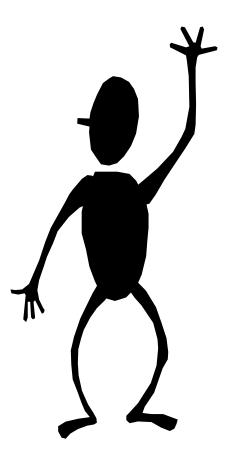
**ACMA** 

**ACDP** 

MIMI

**AGEC** 

#### **WSSI On-Line Screens**



#### Goals

- To provide the participants with information that will enable them to access and navigate through the WSSI Online screens.
- To identify and explain the information displayed on the screens.

#### **Objectives**

This section will provide participants with an understanding of:

- How to access the WSSI Online screen.
- How to navigate through the WSSI Online screens.

### **Logon/Logoff Procedures**

#### **Logon Procedures**

1. At the WSRCC screen (Example Screen #1), in the ENTER SELECTION HERE field, type EDSNET and press [enter].

Example Screen #1							
01/28/99 12:39	33 SELECT	ION SCREEN (US	SMSG10)	VTAM: LOCXU66A			
	CBT1						
	CICSBP	CICSDP	CICSDP24				
	CICSFP3	CICSFP4	CICSHP	CICSP330			
	EOSP	FH					
	IBM	IMAGE	IMSBP	IMSFP			
	MENUMGR		REFRESH	TSO			
	WISMART						
THIS SYSTEM IS	FOR AUTHORIZE	D USERS ONLY;	SYSTEM ACCESS	IS MONITORED. BY USING			
THIS SYSTEM YOU EXPRESSLY CONSENT TO THIS MONITORING. EVIDENCE OF UNAUTHORIZED							
ACCESS WILL BE	PROVIDED TO THE	HE APPROPRIATE	LAW ENFORCEMEN	NT AGENCIES.			
ENTER SELECTION	HERE: EDSNET						

When the EDSNET screen (Example Screen #2) displays enter your logon ID and password.

LOGON ID: Enter your six-character logon ID, then space bar twice or use the tab key to

reach the password field. Do not press [enter].

PASSWORD: Enter your password and press [enter]. Your password must be 8 total digits. It

must contain 1 number with a maximum of 3 numbers. It cannot have more than

2 of any 1 character.

```
Example Screen #2
      EEEEEEEE DDDDDDDD
                         SSSSSSSS NNN
                                         NNN EEEEEEEEE TTTTTTTTTTT
     EEEEEEEE DDDDDDDDD SSSSSSS NNNN
                                        NNN EEEEEEEE
                                                      TTTTTTTTTTTTT
             DDD DDD SSS
     EEE
                                NNNNN
                                      NNN EEE
                                                          TTT
    EEEEEEEE DDD
                  DDD SSSSSSSS NNN NN NNN EEEEEEEE
                                                         TTT
   EEEEEEEE DDD DDD SSSSSSSS NNN NN NNN EEEEEEEEE
                                                        TTT
           DDD DDD
                          SSS NNN
                                   NNNNN EEE
                                                       TTT
 EEEEEEEE DDDDDDDDD SSSSSSSS NNN
                                   NNNN EEEEEEEE
                                                      TTT
                                                      TTT
EEEEEEEE DDDDDDDD
                   SSSSSSSS NNN
                                   NNN EEEEEEEE
```

```
ELECTRONIC DATA SYSTEMS CORPORATION
                                              DALLAS, TEXAS
Use of the network is restricted to authorized users. User activity is moni-
tored and recorded by system personnel. Anyone using the Network expressly
consents to such monitoring and recording. BE ADVISED: if possible criminal
activity is detected, system records, along with certain personal information,
may be provided to law enforcement officials.
        ********************
                 NETWORK-ID: DAYTON1 DATE: 01/11/99
    LOGON-ID:
    PASSWORD:
                           HOST: DYGNN1A
                                                TIME:
                                                         15:42:48
                           HOST: DYGNNIA TIME: 15:42:48
TERMINAL-ID: TDYAAGS9 SECURITY 972-605-3720
    NEW PASSWORD:
                           CDRM: MDY001 HELP:
ENTER OPTIONAL INITIAL SELECTION BELOW, PF1 FOR HELP, OR 'LOGOFF'.
SELECTION=>
```

- 3. When the application selection screen displays (Example Screen #3), type the following command where "1" is normally entered: \*LM, D4C32784 and then hit [enter].
- 4. The application selection screen (Example Screen #3) will display again. Enter the number that corresponds with the "CICS PROD ----- E5" Application/Description. It should always be "1" in the selection field and press [enter].

```
Example Screen #3
 TERM:
         TDYAAGS9 DATE: 01/11/99 HELP: 937-455-1650
                                                NETWORK-ID: DAYTON1
LOGMODE: D4C32784 TIME: 16:30:43 SEC: 972-605-3720
                                              HOST:
                                                          DYGNN1A
NO..MNEMONIC..SITE.....APPLICATION/DESCRIPTION......HOURS......
01 EECE5
           PLIPC3G CICS PROD ---- E5
                                             0600/1800
etc...
 *******
                                          ******
                         SELECTION SCREEN
PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF
                                                       PAGE=ONLY
SELECTION=> 1
```

5. When the Welcome Screen displays (Example Screen #4) type WSSI over the word WELCOME at the top left of the screen and press [enter].

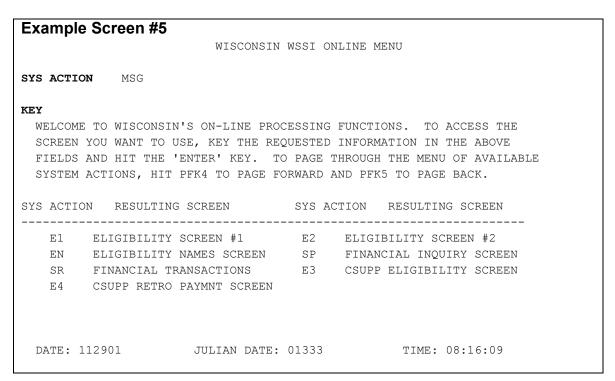
```
Example Screen #4
WSSIOME TO CICS 4.1.0 DRC2 - OLSCIPE5
     EAECICE5 MVS/ESA
                           SP5.2.2 M9021 CICS 4.1.0
     NETNAME: TDYAAGS9 TERMINAL: #B2J DATE: 01/11/99 TIME: 15:34:02
                              CCCCCCCC PPPPPPPPP
           CC
                 CC PP
                                      55
                         PP EE
                        PP EE
                                     55
          CC
                   PP
                        PP EE
```

CC	PPPPPPPPPPPP	EEEEEEEE	55555555	
CC	PPPPPPPPPP	EEEEEEEE	555555555	
CC	PP E	Œ.	55	
CC	PP EI	Ξ	55	
CC CC	PP EE		55	
cccccccccc	PP EEEI	EEEEEEEE	55555555555	
CCCCCCCCC P	P EEEE	EEEEEEEE 5	555555555	
KEY IN TRANSACTION COD	E AND PRESS ENTER			
DFH3504I SIGN ON COMPL	ETE			

6. The Wisconsin WSSI Online Menu will display (Example Screen #5). Enter data on the following fields: Sys Action and Key. Do not press [enter] until both fields have been completed.

SYS ACTION: Enter the screen type EN, E1, E2, E3 or SP.

KEY: Press the space bar and then enter to bring up the desired screen or enter the reference number (e.g., recipient name or Social Security number) necessary for the particular screen you want to view. For example, in order to view the recipient SSI eligibility information found on the E1 screen, enter the recipient's Social Security number and press enter.



#### **Logoff Procedures**

- 1. From any screen press the PF1 key.
- 2. "Wisconsin" appears on this screen. Enter LOGOFF over WSSI at the top, left of the screen.
- 3. The selection screen then appears. Enter LOGOFF again.
- 4. At this point you will be back to the WSRCC screen.

#### **PF Keys**

- **PF1** Used from any screen in order to log off of the Wisconsin Medicaid Management Information System (MMIS). Note: The system action code is a two-character code used to uniquely identify each screen (function is similar to CARES PF10 key).
- **PF2** Used from any screen in order to return to the main menu screen of MMIS (function is similar to CARES PF4 key).
- **PF3** Used from any screen in order to access the MMIS help screen. To get out of the help screen, enter the system action code of the screen that you want to go to next (function is similar to CARES PF1 key).
- PF4 Used to page forward, through data, when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF8 key). This PF key can be used on the following screens: EN, E3, SP
- PF5 Used to page backward through data when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF7 key). This PF key can be used on the following screens:
  E3, SP
- **PF7** Used when selecting specific data on an online screen for more in-depth inquiry. This PF key can be used on the following screens:

EN, E1, E2, SP

**Example:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (EN). When you find a recipient that you would like to obtain further information about, you change the system action code to E1 or E2, move the cursor down to that recipient's line of information and press PF7. This will bring you to the E1 or E2 screen with that individual's information displayed.

- **PF8** Used to return user to previously selected screen. (Function is similar to CARES PF3 key.)
- **PF9** Used to scroll forward through a case.

**Example:** The PF9 key can be used to scroll through all recipients on MMIS with the same case number. For instance, you were looking at a mother's file on RE and she is the case head with two children. You hit PF9 and bring up her child. You hit PF9 again and bring up her other child. You hit PF9 again and return to the mother's file.

- **PF11** Used to go back and forth between the E1 and E2 screens.
- **PF12** Used to go back and forth between the E1 and E2 screen.
- **Esc** Used to reset the system when "X?+" appears in the lower left corner of screen.
- **End** Used to erase line of data from cursor position to the end of the line.

## **SSI Recipient Information**

#### The WSSI Screens:

EN: SSI Recipient ID information search by name.

E1: SSI Recipient Eligibility information search by recipient SSN.

E2: SSI Recipient Payment information search by recipient SSN.

E3: Caretaker Supplement Payment information search by caretaker SSN.

SP: Cash and Financial information search by recipient SSN.

#### **WSSI Mnemonic Inquiry Screen (EN)**

The EN screen provides an alternative source for identifying recipients by searching using the individual's name instead of Social Security Number (SSN). The Mnemonic Inquiry screen provides the capability to determine a recipient's SSN with only basic information, such as full name and sex. Indicating at date of birth allows for a more precise mnemonic search.

		WSSI MNEMONIC IN	NQUIRY SCREEN					
SYS ACTION EN M	SYS ACTION EN MSG PRESS PF4 TO PAGE FORWARD							
SEX M FIRST NA	SEX M FIRST NAME WI LAST NAME WHITE DOB							
SSN	NAME (FI	RST, M.I., LAST)	DOB					
55555555	WILFRED	G WHITE	07201912					
395395395	WILIRIAN	P WHITE	12061999					
44444444	WILL	WHITE	08021939					
313313313	WILLIAM	WHITE	04111938					
333333333	WILLIAM	WHITE	02151949					
394394394	WILLIAM	D WHITE	03081993					
22222222	WILLIAM	E WHITE	09071925					
404404404	WILLIAM	E WHITE	10221970					
393393393	WILLIAM	G WHITE	02111936					
00000000	WILLIAM	H WHITE	11281943					
66666666	WILLIAM	J WHITE	05221990					
393398398	WILLIAM	J WHITE	02251950					
427427427	WILLIAM	K WHITE	02141942					
111111111	WILLIAM	L WHITE	10301963					
388388388	WILLIAM	L WHITE	06271959					
PAGE: 1		DATE: 110901	TIME: 06:43:30					

#### **Required Fields:**

- **FIELD 1: SEX** = Enter "M" for male or "F" for female.
- **FIELD 2: FIRST NAME** = First two letters of the recipient's first name. Two letters must be used, not just one.
- **FIELD 3: LAST NAME** = The last name of the recipient. A minimum of five letters must be entered for names with five or more characters. The system will display all recipients with names meeting the first name, sex and same five letters of the last name.

**Example:** If SMITH is entered, the system may display SMITH, SMITHEY, SMITHBANK, etc.

You may also choose to limit information displayed on the EN screen by using the DOB field. If you choose not to use DOB field, press [enter] after keying the required fields. The EN screen data for the requested recipient information will then be displayed.

Note: It sometimes is better to enter the minimum required information so that more recipients meeting that criteria are shown. For instance, if the full last name is entered, a selection with Jr or Sr may not be displayed. If DOB is entered and is different than what is on WSSI, the recipient you are looking for will not be displayed.

#### **Select Options**

The select options fields allow you to limit the data displayed on an online screen to information that meets specific criteria. The following option is available on the EN screen:

**FIELD 4:** DOB = The recipient's date of birth is displayed in MM/DD/CCYY format.

#### **Displayed Recipient Information**

Recipients matching the information entered in the previous fields are displayed.

**SSN** = Recipient's Social Security Number. If the recipient has two separate files under different SSNs, both will appear.

**Function of PF7 key:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (EN). When you find a recipient that you would like to obtain further information about, you change the system action code to E1 or E2, move the cursor down to that recipient's line of information and press PF7. This will bring you to the E1 or E2 screen with that individual's information displayed.)

- **FIELD 6:** NAME = Recipient's current full name. The system will display all recipients matching the selected criteria.
- **FIELD 7: DOB** = The Recipient's date of birth is displayed on this field.

#### **WSSI Eligibility Screen (E1)**

The E1 screen is used when viewing the recipient's eligibility information.

```
DATE: 01313
                         SSI ELIGIBILITY SCREEN 1
                                                           TIME: 06:44:43
SYS ACTION E1 MSG ALL DATA DISPLAYED
SSN: 44444444 ACTION: I
                                   LAST CHANGE: 06272001 ADD DATE:
LAST: WHITE
                       FIRST: WILFRED MI: G HIC NUM: 444444444A
MAIL ADDR1: WILFRED G WHITE
                                             START STREET ADDR: 2
MAIL ADDR2: MARINA MANOR
                                           START RECIP NAME: 1
MAIL ADDR3: ANY CITY
                                           ZIP: 54630
MAIL ADDR4:
                                             TELEPHONE: 6085551212
MAIL ADDR5:
                                             DOB: 07201912 SEX: M
                                             DOD: 00000000 DEATH CODE: 0
MAIL ADDR6:
RES ADDR1:
                                            AUTH 1:
RES ADDR2:
                                            AUTH 2:
RES ADDR3:
RES ADDR4:
RES ADDR5:
                                            ZIP:
GDFATHERED: N CAT CODE: A COMP CODE: TYPE CODE: I MARITAL STATUS: 3
DO CODE: 539 TYPE PAYEE: PAYEE DATE: 00000000 REC ID: I APP DATE: 11051986
DENY CODE: DENY DATE: 00000000 OPTIONAL ELIG DATE: 01011997 TRANS CODE: 06
APPEAL DEC CD: APPEAL DEC DT: 00000000 APPEAL CODE: APPEAL DATE: 00000000
               BANK NUM:
ACCOUNT TYPE:
                                     EFT NUM:
ESS PERSON: 0 ELIG SPOUSE PARENT SSN: 000000000 ALT SSN: 000000000
COMMENT: NO COMMENTS FOR THIS RECIPIENT.
           SURV01:
                                   SURV00:
                                                           CS:
```

#### **Required Fields:**

#### Field 1:

**SSN** = Enter the recipient's nine-digit social security number and hit enter. The current information on the recipient should appear on file. If no SSN is entered, a message will appear in the MSG field telling the user "SSN MUST BE ENTERED". If an invalid SSN is entered, the message "SSN RECORD IS NOT ON MASTER FILE" will appear. After the SSN has been entered for the recipient in question the system will plug all fields with the current information that we have on file for that recipient.

#### **Displayed Information:**

- **Field 2:** LAST = Recipient's Last Name.
- **Field 3:** FIRST= Recipient's First Name.
- **Field 4:** MI = Recipient's first initial of their middle Name.
- **Field 5: HIC NUM** = Recipient's Medicare Number, if applicable.
- **Field 6:** MAIL ADDR1 THRU MAIL ADDR6 = Recipient's Mailing Address. If the recipient is assigned a representative payee, that name appears in ADDR1.
- **Field 7:** START STREET ADDR = Indicates the MAIL ADDR Line Number where the recipient's name begins.
- **Field 8: ZIP** = Recipient's ZIP Code.
- **Field 9: TELEPHONE=** Recipient or their payee's Telephone Number.
- **Field 10:** DOB = Recipient's Date of Birth in the format of MMDDCCYY.
- **Field 11: SEX** = Recipients Gender, 'M' for Male, 'F' for Female and 'U' for Unknown.
- **Field 12:** DOD = Recipient's Date of Death in the format of MMDDCCYY.
- **Field 13: RES ADDR1 THRU RES ADDR5-ZIP** = recipient's address when different from their mailing address.
- **Field 14: GDFATHERED** = This field indicates that either the recipient is grandfathered into the State SSI program and is eligible for state only benefits or is a State/Federal SSI recipient and is eligible for state and federal benefits. Valid indicators are Y-Grandfathered recipient or N-State/federal recipient.
- **Field 15:** MARITAL STATUS = This field indicates the recipient's marital status. The valid indicators are as follows:
  - 1=Married and living with spouse.
  - 3=Single, windowed, or divorced.
  - 4=Married and separated.
- **Field 16:** CS =This field indicates whether a Caretaker Supplement (CTS) payment has ever been made to the recipient. The valid indicators are:
  - Y A CTS payment exists on SP Blank A CTS payment does not exist on SP

#### **WSSI Recipient Screen (E2)**

The E2 screen is used when viewing the recipient's payment information.

```
DATE: 01313
                             SSI ELIGIBILITY SCREEN 2
                                                                     TIME: 06:45:02
SYS ACTION E2 MSG ALL DATA DISPLAYED.
SSN: 444444444 ACTION: I MMYYYY: 112001 THROUGH FEATILE. _____
TROW: WHITE FIRST: WILFRED MI: G LAST CHANGE: 06272001
STATE ONLY: N RETRO IND: N DETAIL TYPE: D CHECK CASHED: N STATE ORIGINAL AMOUNT: 6603 STATE PAID AMOUNT: 000
STATE ORIGINAL AMOUNT : 6603
FEDERAL GROSS AMOUNT : 000
                            000 FEDERAL PAID AMOUNT :
MCAID ELIG CODE: R PAYMENT STATUS: E01 FED LIVING: D
                                                                  STATE LIVING: A
JURISDICTION: STATE: 52 COUNTY: 61 E-SUPP: CERT: 00000000 DECERT: 00000000
NET COUNTABLE EARN INCOME: 000 NET COUNTABLE UNEARNED INCOME: EARN INCOME WAGE ESTIMATE: 000 NET SELF EMPLOYMENT ESTIMATE:
                                                                          51400
                       RECIPIENT UNEARNED INCOME INFORMATION
             TYPE AMOUNT FREQUENCY CLAIM ID NUMBER VALID CODE
                   40700 C 4444444A 6
                       INELIGIBLE PARENT/SPOUSE INFORMATION
IND1 :
                                            IND2 :
NAME1:
                                            NAME2:
SSN1:
                                            SSN2:
CAN1:
                                            CAN2:
WIN1:
                                            WIN2:
WAGE1:
                  SELF1:
                                                              SELF2:
                                            WAGE2:
        UNEARNED INCOME 1
                                                     UNEARNED INCOME 2
TYPE
                                           TYPE
          AMOUNT
                          FREQUENCY
                                                      AMOUNT
                                                                       FREQUENCY
```

#### **REQUIRED FIELDS:**

#### Field 1:

**SSN** = Enter the recipient's nine-digit social security number and hit enter. The current information on the recipient should appear on file. If no SSN is entered, a message will appear in the MSG field telling the user "SSN MUST BE ENTERED". If an invalid SSN is entered, the message "SSN RECORD IS NOT ON MASTER FILE" will appear.

**Field 2: MMYYYY** = This field displays the current month payment information in MMYYYY format (month, century, year). To view past or future months you must indicate the appropriate month and year in this field.

The online database holds 36 months worth of data (12 future months and 36 previous months including the current month). With each monthly cycle the oldest month is purged and a future month is added (e.g. current monthly cycle = 10/1999, 10/1997 is purged, 10/2000 is added).

- **Field 3: CHANGE THROUGH MMYYYY** = This field allows you to make consecutive changes for multiple months on the recipient's file. The change through month must be equal to or after the current month and must be in MMYYYY format (month, century, year).
- **Field 4:** LAST = Up to 19 alpha characters of the recipient's last name are indicated in this field.
- **Field 5:** FIRST = Up to 10 alpha characters of the recipient's first name are indicated in this field.
- **Field 6:** MI = If applicable, the first initial of the recipient's middle name is indicated in this field.
- **Field 7: STATE ONLY** = This field indicates what type of SSI payments were received. The valid indicators are as follows:

Y=The recipient received only the State SSI payment.

N=The recipient received both State and Federal SSI payments. B=The recipient receives MA only as a State Only 1619b recipient.

- **Field 8:** STATE ORIGINAL AMOUNT = This field indicates the State SSI Payment rate.
- **Field 9:** STATE PAID AMOUNT = This field indicates the amount of State SSI paid to the recipient.
- **Field 10: FEDERAL GROSS AMOUNT** = This field indicates the amount of Allowed Federal SSI.
- **Field 11: FEDERAL PAID AMOUNT** = This field indicates the amount of Federal SSI paid to the recipient.

- **Field 12: MEDICAID ELIGIBILITY CODE** = This field indicates the status of the recipient's Medicaid eligibility. The valid Medicaid indicators are as follows:
  - A Refused third party liability assignment-referred to State, Federal determination not possible.
  - B Deemed disability code under a State home care plan.
  - C Federally administered Medicaid coverage should be continued regardless of payment status code. (1619b)
  - D Disabled adult child (1634 States Only)
  - G Goldberg/Kelly payment continuations.
  - P Continue for N10, N11.
  - Q Medicaid Qualifying Trusts
  - R Referred to State for determination (1634 States Only), Federal determination not possible.
  - S State determination- not SSA responsibility.
  - W Widow(er) (1634 States only)
  - Y Eligible for Medicaid (1634 States Only)
- **Field 13:** PAYMENT STATUS CODE = This three-byte alpha/numeric field indicates if the recipient is eligible for a SSI payment. The valid indicators are as follows:
  - C01 Current Pay
  - E01 Eligible for Federal and /or State benefits based on the eligibility computation, but no payment is due based on the payment computation.
  - E02 First month of application and not entitled to payment.
  - H10 Living arrangements change in process.
  - H20 Marital status change in process.
  - H30 Resource change in process.
  - H40 Student status change in process.
  - H50 Head of Household change in process.
  - H60 Hold pending receipt of date of death.
  - H70 One-time payment or other PE data to be transmitted.
  - H80 Early input.
  - H90 Systems limitation regarding computation; FO must manually compute and input payment amounts.
  - M01 Force payment case, recipient may be in current payment or nonpayment status, depending on payment history (PMTH).

- M02 Force payment case, recipient may be in current payment or nonpayment status, depending on payment history (PMTH).
- N01 Recipient's countable income exceeds title XVI FBR.
- N02 Recipient is inmate of public institution.
- N03 Recipient is outside U.S.
- N04 Recipient's non-excludable resources exceed title XVI limitations.
- N05 Eligibility for some period of nonpayment or failure to provide information for children overseas.
- N06 Recipient failed to file for other benefits.
- N07 Cessation of recipient's disability.
- N08 Cessation of recipient's blindness.
- N09 Recipient refused vocational rehabilitation without good cause.
- N10 Recipient refused treatment for drug addiction.
- N11 Recipient refused treatment for alcoholism.
- N12 Recipient voluntarily withdrew from program.
- N13 Not a citizen or eligible alien.
- N14 Aged claim denied for age.
- N15 Blind claim denied, applicant not blind.
- N16 Disabled claim denied, applicant not disabled.
- N17 Applicant does not wish to pursue claim.
- N18 Failure to cooperate.
- N19 Voluntary termination in the SSI program.
- N20 Recipient fails to furnish a required report or information.
- N22 Effective 12/99 or later, Administrative sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. Prior to 12/99, inmate of a correctional institution.
- N23 Claimant is not a legal resident of the United States.
- N24 Claimant has been convicted of a felony of fraudulently misrepresenting residence in two or more States.
- N25 Claimant is fleeing to avoid prosecution, or custody or confinement after conviction for a crime, which is a felony under the law of the place from which he/she flees, or is violating a condition of probation or parole, imposed under Federal or State law.
- N27 Termination due to Substantial Gainful Activity (SGA).
- N30 Slight impairment--medical consideration alone, no visual impairment.

- N31 Capacity for SGA customary past work, no visual impairment.
- N32 Capacity for SGA other work, no visual impairment
- N33 Engaging in SGA despite impairment, no visual impairment
- N34 Before 3/9/91: Impairment no longer severe at time of adjudication and did not last 12 months, no visual impairment
- N35 Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment.
- N36 Insufficient or no medical data furnished.
- N37 Failure or refusal to submit to consultative examination.
- N38 Applicant does not want to continue development of claim.
- N39 Applicant willfully fails to follow prescribed treatment.
- N40 Before 3/9/91: Impairment(s) does not meet or equal listing (Disabled child under age 18 only), no visual impairment.
- N41 Slight impairment medical condition alone, visual impairment.
- N42 Capacity for SGA customary past work, visual impairment.
- N43 Capacity for SGA other work, visual impairment.
- N44 Before 3/9/91: Engaging in SGA despite impairment, visual impairment.
- N45 Impairment no longer severe at time of adjudication and did not last 12 months, visual impairment.
- N46 Impairment is severe at time of adjudication but not expected to last 12 months, visual impairment.
- N47 Insufficient or no medical evidence furnished, visual impairment.
- N48 Failure or refusal to submit to consultative examination, visual impairment.
- N49 Applicant does not want to continue development of claim, visual impairment.
- N50 Applicant willfully fails to follow prescribed treatment, visual impairment.
- N51 Before 3/9/91: Impairment(s) does not meet or equal listing (disabled child under age 18 only), visual impairment.

  Effective 3/9/91: Child under 18. Individual Function Assessment (IFA) shows impairment(s) not of comparable severity, visual impairment.
- N52 Deleted from State rolls before 12/73 payment.
- N53 Deleted from State rolls after 12/73 payment.
- N54 Denied Whereabouts unknown

- P01 Possible reinstatement pending development of SGA (obsolete).
- P04 System is awaiting disability determination input (system generated).
- S04 System is awaiting disability determination input
- S05 Prerequisite payment month development pending to determine eligibility for special 1619(a) payments to disabled individuals.
- S06 Recipient's address unknown.
- S07 Returned checks for other than death, identification, address, death of payee or duplicate check.
- S08 Representative payee development pending.
- S09 Temporary Institutionalization Suspense
- S10 Adjudicative Suspense
- S20 The recipient is presumptively disabled or blind and has received 6-month payment.
- S21 The recipient is presumptively disabled or blind and has received 6-month payment.
- S90 PR1 change in process.
- S91 PR1 change in process.
- T01 Death of recipient.
- T20 Received a duplicate payment based on the same number on different SSRs or on two different numbers: (applied internally by the system).
- T22 Received duplicate payment based on the same number on different SSRs or on two different numbers.
- T30 Manual termination.
- T31 Systems generated termination (payment previously made or refund on record).
- T32 Automated systems terminations of a paid record that has exceeded certain size limitation.
- T33 Manual termination.
- T50 Manual termination (no previous payment made)
- T51 Systems generated termination (no previous payment made).

# **STATE AND COUNTY JURISDICTION** = These two fields are linked together. The first field is the State Jurisdiction field, which is only valid for 52. The second of these fields is the County Jurisdiction field, which is only valid in the range of 000-072. These two fields indicate which State and County have jurisdiction over the recipient's SSI payments. Valid state and county codes are as follows:

#### **Code and State**

01 = Alabama 02 = Alaska03 = Arizona 04 = Arkansas05 = California 06 = Colorado 07 = Connecticut 08 = Delaware 09 = District of Columbia 10 = Florida

11 = Georgia

12 = Hawaii & Guam

13 = Idaho14 = Illinois 15 = Indiana 16 = Iowa 17 = Kansas 18 = Kentucky

19 = Louisiana 20 = Maine 21 = Maryland 22 = Massachusetts

23 = Michigan 24 = Minnesota 25 = Mississippi 26 = Missouri 27 = Montana 28 = Nebraska 29 = Nevada

30 = New Hampshire 31 = New Jersey 32 = New Mexico 33 = New York 34 = North Carolina 35 = North Dakota

36 = Ohio

37 = Oklahoma 38 = Oregon

39 = Pennsylvania 40 = Puerto Rico 41 = Rhode Island 42 = South Carolina 43 = South Dakota 44 = Tennessee 45 = Texas46 = Utah 47 = Vermont

48 = Virgin Islands 49 = Virginia 50 = Washington

51 = West Virginia 52 = Wisconsin 53 = Wyoming

#### **Code and County**

01 = Adams	21 = Forest	41 = Monroe	61 = Trempaleau
02 = Ashland	22 = Grant	42 = Oconto	62 = Vernon
03 = Barron	23 = Green	43 = Oneida	63 = Vilas
04 = Bayfield	24 = Green Lake	44 = Outagamie	64 = Walworth
05 = Brown	25 = Iowa	45 = Ozaukee	65 = Washburn
06 = Buffalo	26 = Iron	46 = Pepin	66 = Washington
07 = Burnett	27 = Jackson	47 = Pierce	67 = Waukesha
08 = Calumet	28 = Jefferson	48 = Polk	68 = Waupaca
09 = Chippewa	29 = Juneau	49 = Portage	69 = Waushara
10 = Clark	30 = Kenosha	50 = Price	70 = Winnebago
11 = Columbia	31 = Kewaunee	51 = Racine	71 = Wood
12 = Crawford	32 = LaCrosse	52 = Richland	72 = Menominee
13 = Dane	33 = LaFayette	53 = Rock	
14 = Dodge	34 = Langlade	54 = Rusk	
15 = Door	35 = Lincoln	55 = St. Croix	
16 = Douglas	36 = Manitowoc	56 = Sauk	
17 = Dunn	37 = Marathon	57 = Sawyer	
18 = Eau Claire	38 = Marinette	58 = Shawano	
19 = Florence	39 = Marquette	59 = Sheboygan	
20 = Fond du Lac	40 = Milwaukee	60 = Taylor	

**Field 15: E-SUPPLEMENT INDICATOR** = This field indicates if the recipient is receiving the Exceptional Supplement (E-Supp) benefit. The valid indicators are as follows:

Y The recipient is approved for SSI-E N or Blank The recipient is not approved for SSI-E

- **Field 16: E-SUPPLEMENT CERTIFICATION DATE** = This field indicates the date the recipient became eligible for SSI and is displayed in MMDDYYYY format (month, day, century, year).
- **Field 17: E-SUPPLEMENT DECERTIFICATION DATE** = This field indicates the date the recipient is decertified for SSI-E and is displayed in MMDDYYYY format (month, day, century, year).
- **Field 18: E-SUPPLEMENT PAYMENT AMOUNT** = This field indicates the actual payment amount of SSI-E.

#### **WSSI Caretaker Supplement Eligibility (E3)**

The E3 screen is used to locate information regarding Caretaker Supplemental (CSupp) payment.

DATE: 11092001 CARETAKER SUPPLEMENT ELIGIBILITY SCREEN TIME: 06:43:55 SYS ACTION E3 MSG PLEASE ENTER SSN NUM, AND PERIOD INFORMATION C1 SSN: 44444444 ACTION: MMYYYYY: FIRST: LAST CHANGE: FIRST: C1 LAST: C1 ERR: C-SUPP PAID AMT: CASE NO: C-SUPP CHILDREN INFORMATION CHILD SSN LAST FIRST DOB PD AMT RETRO DT ERR RS1 RS2 RS3 PS GF MA DT C2 SSN LAST FIRST

- **C1 SSN** = This field is assigned to the SSI recipient who is eligible for CSupp dollars and is referred to as the Caretaker1. Enter the Caretaker1 Social Security Number and hit enter. The current CSupp payment month information on the Caretaker should appear on file. If no CSupp payment history is found the message, CARETAKER AND MONTH COMBINATION NOT FOUND will appear. When entering an invalid SSN, the message INVALID SSN NUMBER PLEASE TRY AGAIN will appear. After entering a correct C1 SSN and hitting ENTER, the cursor will return to this field.
- **Field 2: MMYYYY** = This field displays the current CSupp eligibility and payment information in MM-Month and YYYY Year format (i.e., 071997). To view past or future months you must indicate the appropriate month and year in this field.
- **Field 3:** C1 LAST = This field is the Caretaker's last name and is plugged from the CSupp Master File. The field is 19 bytes in length.
- **Field 4:** FIRST = This field is the Caretaker's first name and is plugged from the CSupp Master File. The field is 10 bytes in length.
- **Field 5:** C1 ERR = This field will display any header edits that may have set for one or more of the reporting CSupp children in the detail month. The only edit that will be displayed on the header portion of the E3 screen is C08 Caretaker 1 SSN does not reside on the EDS SSI Eligibility Master File.

Caretaker Supplement Critical Error Codes & Descriptions
These errors will prevent payments from being issued
Code Description

C08	Caretaker 1 SSN does not reside on the EDS SSI
	Eligibility Master Database

- **C-SUPP PAID AMT** = This field is the total sum of C-Supp dollars paid the Caretaker for the detail month. The dollars include CSupp money paid on the monthly cycle and any additional CSupp money paid on the weekly cycle.
- **Field 7:** CASE NO = In this field the user will see the CASE NO. This field is the 10 byte number assigned to the case by the CARES system.
- **C-SUPP CHILDREN INFORMATION** = The next fields are the CSupp children's payment history. Up to 20 detail lines per Caretaker case is allowed. The first page will display up to 10 detail lines. A message, 'TOP OF DATA REACHED PF4 PAGE FORWARD will appear at the ACTION field, indicating that more information is on the next page. The user will be required to page through until all children are found. A message PF5 will appear when no more children are found in the case. All CSupp children information is plugged from the CSupp Master File for the month the user has requested.
- **Field 9:** CHILD SSN = This field identifies the CSupp child's nine digit Social Security Number.
- **Field 10:** LAST = This field is the CSupp child's last name.
- **Field 11:** FIRST = This field is the CSupp child's first name
- **Field 12:** DOB = This field is the CSupp child's Date of Birth. The field consists of 8 bytes in the MMDDCCYY format.
- **Field 13:** PD AMT = This field is the CSupp child's payment amount for the requested detail month and year.
- **Field 14: RETRO DT** = This field is the RETRO DATE and follows the format MM/DD/YYYY. This field indicates the first date of a retro payment. If the field is blank it indicates that no retro payment has been made.
- **Field 15:** RS1 = This field is the Reason Code 1 on the CARES record for the detail month. The valid values in this field for CSupp payment are:
- **Field 16:** RET = Manual retroactive payment made (*This code will appear after a retro active payment has been made on the E4 screen*)
- **Field 17:** PAYMENT STATUS = This three-byte alpha numeric field indicates what Payment Status the Caretaker was eligible for at the time of the detail month. The Payment Status Code on the E3 (CSupp Master File) will not

change, however, the E2 status code is overlaid with more current data received from SDX. Therefore the E2 screen and E3 screen Payment Status Code for the detail month may be different. (See E2 screen PAYMENT STATUS CODE for valid Payment Status Codes.)

- **Field 18:** C2 SSN = This field is the Caretaker2 Social Security Number if applicable.
- **Field 19:** LAST = This field is the Caretaker2's last name. This field is 19 bytes in length.
- **Field 20:** FIRST = This field is the Caretaker2's first name. This field is 10 bytes in length.

#### **WSSI Financial Screen (SP)**

The SP screen is used to view the cash and financial transactions that have occurred during the weekly and monthly payment cycles.

SSI FINANCIAL PROVIDER NUMBER SEARCH 112901 07:57:09 SYS ACTION SP MSG PLEASE ENTER SSN NUM, AND RECORD TYPE SELECT OPTIONS: SSNUM RNAM TYPE SSN FIN INFO: TOTAL OUT BALANCE CCN SET-UP SET-UP APPLIED BALANCE AMOUNT STAT DATE AMOUNT AMOUNT CHECK NUM PYMT STAT

Note: If "SP" is applied in the System Action Code field from the E1 or E2 screens, it will not be necessary to re-enter the recipient's Social Security Number. If payments have been issued to the recipient, they will appear in descending order based on the Setup Date. It may be necessary to page forward (PF4) or backward (PF5). If no payments have been issued to the recipient, the online message "RECS NOT FOUND FOR SSN, TYPE COMBO" will appear.

- **Field 1:** SSNUM = This field autoplugs the nine-digit social security number of the recipient from the E1 or E2 screen.
- **Field 2:** RNAM = This field autoplugs the recipient's last name from the E1 or E2 screen.
- **Field 3: TYPE** = This field indicates the type of cash transaction. The valid indicators are as follows:

B = Bank Reconciliation -- Each B/R record represents an SSI issued check to a recipient as the result of scheduled payments.

**Field 4: CCN** = This field indicates the unique Cash Control Number assigned to the transaction. This is a thirteen-byte field that is either systematically or manually assigned. Listed below is the Cash Control Number criteria used once the number is assigned.

**Field 5: SET-UP DATE** = This field indicates the date of that is printed on the check, the process date of a direct deposit (EFT) or the Account Receivable/Cash Receipts set-up date.

Note: Type 'B' records with Set-Up Dates of 12/19/95 through 12/1/98 and check status codes of 02, 08, and 10 have been purged from the file and placed on microfiche. If you need information regarding these records complete a research log.

- **Field 6: SET-UP AMOUNT** = This field indicates the amount of the payment (type B)
- **Field 7:** DATE = This field indicates the cycle date in which the transaction was processed.
- **Field 8:** STAT = This field indicates the Bank Status Code. The valid indicators are as follows:

01 = Outstanding paper check	09 = Stop Pay
02 = Cleared (Cashed)	10 = EFT payment
03 = Void due to postal return (paper)	11 = Void due to ACH return (EFT)
04 = Awaiting Reissue	12 = Void due to nursing home admit
05 = Reissued	13 = Void due to SSI overpayment
06 = Staledated	14 = Void due to C-Supp overpayment
07 = Manual Check	15 = Void due to death
08 = Staledate Cashed	16 = Void miscellaneous (out-of-state,
	payee change)

**Field 9: PYMT STAT** = This field indicates the payment status at the time the payment was processed.

Note: A 'CS' to the right of the payment status, indicates a Caretaker Supplement payment has been made or included in with the SSI payment

## **Appendix**

# Appendix A: EDS Staff/Certifying Agency Assignments EDS RECIPIENT SERVICES

EDS RECIPIENT SERVICES P.O. BOX 7636 MADISON, WI 53713 (608) 221-4746

STAFF/CERTIFYING AGENCY ASSIGNMENTS							
EXTENSION 3104	EXTENSION 3475	<b>EXTENSION 3477</b>					
001 Adams	040 Milwaukee	030 Kenosha					
002 Ashland	044 Outagamie	031 Kewaunee					
003 Barron	045 Ozaukee	032 LaCrosse					
004 Bayfield	046 Pepin	033 LaFayette					
005 Brown	049 Portage	034 Langlade					
006 Buffalo	051 Racine	035 Lincoln					
007 Burnett	053 Rock	036 Manitowac					
008 Calumet	058 Shawano	037 Marathon					
009 Chippewa	059 Sheboygan	038 Marinette					
010 Clark	060 Taylor	039 Marquette					
011 Columbia	061 Trempealeau	047 Pierce					
012 Crawford	062 Vernon	048 Polk					
013 Dane	063 Vilas	050 Price					
014 Dodge	070 Winnebago	052 Richland					
015 Door	071 Wood	054 Rusk					
016 Douglas	072 Menomonie	055 St. Croix					
017 Dunn	080 RNIP	056 Sauk					
018 Eau Claire	090 RNIP	057 Sawyer					
019 Florence	100s - 600s	064 Walworth					
020 Fond du Lac		065 Washburn					
021 Forest		066 Washington					
022 Grant		067 Waukesha					
023 Green		068 Waupaca					
024 Green Lake		069 Waushara					
025 Iowa		830 Katie Beckett					
026 Iron							
027 Jackson							
028 Jefferson							
029 Juneau	Eligibility Supervisor:	Extension 3098					
041 Monroe	Eligibility Team Lead:	Extension 3121					
042 Oconto	Nursing Home Authorization	Extension 3103					
043 Oneida	SLMB/QMB/Buy-In	Extension 3107					
	EDS TPL/COB	Extension 3108					
	MAPP Eligibility	Extension 3716					
	Federal SSI	Extension 3485					

## **Appendix B: Medical Status**

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source
1	Waivers	M6	MAPP, waivers, to 150% no premium	MAP	CARES
1	Waivers	M8	MAPP brain injury waiver, to 150%, no premium	MAP	CARES
1	Waivers	W2	CIP 2, no \$, cat ndy	MCW-E	CARES
1	Waivers	W3	SSI/Waiver, aged	MCW-W	CARES
1	Waivers	W4	SSI/Waiver, blind	MCW-W	CARES
1	Waivers	W5	SSI/Waiver, disabled	MCW-W	CARES
1	Waivers	W6	SSI/Waiver, 1619(a)(b)	MCW-W	CARES
1	Waivers	WA	CIP IA, no \$, cat ndy	MCW-A	CARES
1	Waivers	WB	CIP IB, no \$, cat ndy	MCW-B	CARES
1	Waivers	WC	CSLA, cat ndy	MCW-C	CARES
1	Waivers	WI	Brain Injury Waiver	MCW-I	CARES
1	Waivers	WP	Pace Program Waiver	MCW-P, MI-P	CARES
1	Waivers	WR	Partnership Program Waiver	MCW-R, MI-R	CARES
1	Waivers	WW	Cop Waiver, no \$, cat ndy	MCW-W	CARES
2	MAPP, waivers premium payers	M5	MAPP, waivers, to 150% premium	MAP	CARES
2	MAPP, waivers premium payers	M7	MAPP, brain injury waiver, >150%, premium	MAP	CARES
3	SSI Nursing Home	09	SSI, institutionalized, \$, cat ndy	non-CARES	SDX
3	SSI Nursing Home	17	SSI, institutionalized, blind, \$, cat ndy	non-CARES	SDX
3	SSI Nursing Home	28	SSI, institutionalized, disabled, \$, cat ndy	non-CARES	SDX
3	SSI Nursing Home	ZN	SSI, Zebley, disabled, institutionalized, \$, cat ndy	non-CARES	SDX
4	MA Institutions, Cat Ndy, Protected	07	503, institutionalized, no \$, cat ndy	MI-C	CARES
4	MA Institutions, Cat Ndy, Protected	DN	Disabled Adult Child (DAC), institutionalized, no \$, cat ndy	MI-D	CARES
4	MA Institutions, Cat Ndy, Protected	L2	Widow/widower I, institutionalized, cat ndy	MI-W	CARES
4	MA Institutions, Cat Ndy, Protected	L4	Widow/widower II, institutionalized, cat ndy	MI-T	CARES
5	MA Institutions, Cat Ndy	03	Aged, institutionalized, no \$, cat ndy	MI-S	CARES
5	MA Institutions, Cat Ndy	13	Blind, institutionalized, no \$, cat ndy	MI-S	CARES
5	MA Institutions, Cat Ndy	25	Disabled, institutionalized, no \$, cat ndy	MI-S	CARES
5	MA Institutions, Cat Ndy	43	IMD, <21, no \$, cat ndy	MI-M	CARES
5	MA Institutions, Cat Ndy	47	IMD, <21, no \$, med ndy	MI-M	CARES

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source
5	MA Institutions, Cat Ndy	49	AFDC-rel'd, institutionalized, no \$, cat ndy	MI-A	CARES
5	MA Institutions, Cat Ndy	52	AFDC-rel'd, institutionalized, no \$, med ndy	MI-A	CARES
5	MA Institutions, Cat Ndy	М9	MAPP, institutionalized, <150%, no premium	MAP	CARES
6	MA Institutions, Med Ndy, Protected		503, institutionalized, no \$, med ndy	MI-C	CARES
6	MA Institutions, Med Ndy, Protected	6D	Disable Adult Child (DAC), institutionalized, no \$, med	MI-D	CARES
			ndy		
6	MA Institutions, Med Ndy, Protected	L6	Widow/widower I, institutionalized, med ndy	MI-W	CARES
6	MA Institutions, Med Ndy, Protected	L8	Widow/widower II, institutionalized, med ndy	MI-T	CARES
7	MA Institutions, Med Ndy		Aged, med ndy	MI-S	CARES
7	MA Institutions, Med Ndy		Blind, med ndy	MI-S	CARES
7	MA Institutions, Med Ndy		Disabled, med ndy	MI-S	CARES
7	MAPP, NH	MP	MAPP, institutionalized, >150%, premium	MAP	CARES
8	SSI	01	SSI, aged	non-CARES	SDX
8	SSI		SSI, Aged, PL	non-CARES	SDX
8	SSI	80	SSI, blind, cat ndy, FC	non-CARES	SDX
8	SSI	11	SSI, blind, cat ndy	non-CARES	SDX
8	SSI	12	SSI, blind, cat ndy, PL	non-CARES	SDX
8	SSI	18	SSI, disabled, cat ndy, FC	non-CARES	SDX
8	SSI	19	SSI, disabled, cat ndy	non-CARES	SDX
8	SSI	20	SSI, essential person	non-CARES	SDX
8	SSI	21	SSI, disabled, cat ndy	non-CARES	SDX
8	SSI	24	SSI, cat ndy, PL	non-CARES	SDX
8	SSI	ZZ	Zebley children	non-CARES	SDX
9	Katie Beckett	30	Disabled child, Katie Beckett Program, cat ndy	non-CARES	DSL, manual
10	Subsidized Adoption	56	Subsidized Adoption, cat ndy	non-CARES	DCFS, WiSACWIS
10	Limited benefits - Other Cat Needy	57	Subsidized Adoption, institutionalized, cat ndy	non-CARES	DCFS, WiSACWIS
10	Limited benefits-100% State Funded	SA	Subsidized adoption, compact state agreement, cat	non-CARES	DCFS
			ndy		
11	Foster Care		Foster care, \$, cat ndy	non-CARES	DCFS+Co-WiSACWIS/manual
11	Foster Care	34	Foster care, \$, GPR-only, cat ndy	non-CARES	DCFS+C0-WiSACWIS/manual
11	Foster Care	35	CCI foster care, \$, cat ndy	non-CARES	DCFS+C0-WiSACWIS/manual
11	Foster Care	36	CCI foster care, \$, GPR only, cat ndy	non-CARES	DCFS+C0-WiSACWIS/manual
11	Foster Care	37	Foster care, special needs, no \$, cat ndy	non-CARES	DCFS+C0-WiSACWIS/manual

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source
11	Foster Care	44	CCI foster care, chapter 328, \$, cat ndy	non-CARES	County - manual
11	Foster Care	45	Foster care, chapter 328, \$, cat ndy	non-CARES	County - manual
11	Foster Care	51	Foster care, corrections, \$, cat ndy	non-CARES	DJC - manual
11	Foster Care	53	Foster care, institutionalized, \$, cat ndy	non-CARES	County - manual
11	Foster Care	54	Foster care, institutionalized, \$, cat ndy, GPR only	non-CARES	County - manual
11	Foster Care	55	Foster care, spec needs, institutionalized, \$, cat ndy	non-CARES	County - manual
11	Foster Care	58	Foster care, institutionalized, chapter 328, \$, cat ndy	non-CARES	County - manual
11	Foster Care	59	Foster care, corrections, no \$, cat ndy	non-CARES	DJC - manual
11	Foster Care	61	Foster care, corrections, institutionalized, \$, cat ndy	non-CARES	DJC - manual
11	Foster Care	62	Foster care, corrections, institutionalized, no \$, cat ndy	non-CARES	DJC - manual
11	Foster Care	63	CCI foster care, NH, \$, cat ndy	non-CARES	County - manual
11	Foster Care	64	CCI foster care, NH, \$, GPR only, cat ndy	non-CARES	County - manual
11	Foster Care	67	CCI foster care, NH, chapter 328, \$, cat ndy	non-CARES	County - manual
12	SSI-related, Cat Ndy	04	Aged, no \$, cat ndy	MS	CARES
12	SSI-related, Med Ndy	05	Aged, no \$, med ndy	NS	CARES
12	SSI-related, Cat Ndy, Protected	10	503, no \$, cat ndy	MP-C	CARES
12	SSI-related, Cat Ndy	14	Blind, no \$, cat ndy	MS	CARES
12	SSI-related, Med Ndy	15	Blind, no \$, med ndy	NS	CARES
12	SSI-related, Cat Ndy	22	Disabled, no \$, cat ndy	MS	CARES
12	SSI-related, Med Ndy	23	Disabled, no \$, med ndy	NS	CARES
12	AFDC MA	31	AFDC regular, cat ndy	MA-R	CARES
12	AFDC MA	32	AFDC-U, cat ndy	MA-U	CARES
12	AFDC-related, Cat Ndy	38	AFDC, cat ndy	MAO-R	CARES
12	AFDC-related, Med Ndy	39	AFDC, med ndy	NAO-R	CARES
12	Other Cat Needy	40	Child < 21, DD center, \$, cat ndy	non-CARES	County - manual
12	Other Cat Needy	41	Child < 21, DD center, no \$, cat ndy	non-CARES	County - manual
12	Other Cat Needy	42	Child < 21, DD center, no \$, med ndy	non-CARES	County - manual
12	Other Cat Needy	46	Child < 21, IMD, \$, cat ndy	non-CARES	County - manual
12	Other Cat Needy	48	AFDC, institutionalized, \$, cat ndy	non-CARES	County - manual
12	Other Cat Needy	50	AFDC, institutionalized, no \$, cat ndy	non-CARES	County - manual
12	AFDC MA	65	Refugee, AFDC, \$, cat ndy	MA-R	CARES
12	Refugees, No DOH Funding	66	Refugee, AFDC-rel'd, no \$	non-CARES	County - manual

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source
12	Refugees, No DOH Funding	68	Refugee, AFDC, institutionalized, \$	non-CARES	County - manual
12	Refugees, No DOH Funding	69	Refugee, institutionalized, no \$, cat ndy	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	76	Cuban children, no T19, RMAP, no \$	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	77	Cuban/Haitian, no T19, RMAP, RCA \$	non-CARES	County - manual
12	Other Cat Needy	78	Cuban/Haitian, no T19, RMAP, no \$	non-CARES	County - manual
12	AFDC MA	79	Cuban/Haitian, AFDC, \$, cat ndy	MA-R	CARES
12	AFDC-related, Cat Ndy	80	Cuban/Haitian, AFDC-related, no \$, cat ndy	MAO-R	CARES
12	Other Cat Needy	81	Cuban/Haitian, AFDC-related, RCA \$	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	82	Cuban/Haitian children, institutionalized, no T19, RMAP, no \$	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	83	Cuban/Haitian, institutionalized, RCA \$	non-CARES	County - manual
12	Other Cat Needy	84	Cuban/Haitian, institutionalized, no T19, RMAP, no \$	non-CARES	County - manual
12	Refugees, No DOH Funding	85	Cuban/Haitian, institutionalized, AFDC, \$, cat ndy	non-CARES	County - manual
12	Refugees, No DOH Funding	86	Cuban/Haitian, institutionalized, no \$, cat ndy	non-CARES	County - manual
12	Refugees, No DOH Funding	87	Cuban/Haitian, institutionalized, RCA \$	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	88	Refugee, no T19, RMAP, no \$	non-CARES	County - manual
12	Refugees, Occasional DOH Funding	89	Refugee, institutionalized, no T19, RMAP, no \$	non-CARES	County - manual
12	AFDC-related, Cat Ndy	95	Pregnant woman, intact family, no \$, cat ndy	MAO-U	CARES
12	SSI-related, Med Ndy, Protected	5C	503, no \$, med ndy	NP-C	CARES
12	SSI-related, Med Ndy, Protected	5D	Disabled Adult Child (DAC), no \$, med ndy	NP-D	CARES
12	Other Cat Needy	A1	IRCA - ABD or under 18	non-CARES	County - manual
12	AFDC-related, Med Ndy	A2	IRCA - ABD, under 18	non-CARES	County - manual
12	AFDC-related, Cat Ndy	А3	IRCA preg, reg	MAO-R	CARES
12	Healthy Start, Med Ndy	A4	IRCA, med, ndy, HS preg	NHS-P	CARES
12	AFDC-related, Cat Ndy	A5	IRCA preg, AU	MAO-U	CARES
12	Healthy Start, Cat Ndy	A6	IRCA preg, HS	MHS-P	CARES
12	Healthy Start, Cat Ndy	A7	IRCA preg. Preg ext	ME-P	CARES
12	Healthy Start, Med Ndy	A8	IRCA med ndy, pw ext	NE-P	CARES
12	AFDC MA	AC	Child Welfare Parent, AFDC, no \$, cat ndy	CARES	County - manual
12	SSI-related, Med Ndy, Deductible	AD	Aged, no \$, med ndy, deductible	NS	CARES
12	AFDC-related, Cat Ndy	AM	Child Welfare Parent, AFDC-related, no \$, cat ndy	CARES	County - manual
12	BadgerCare		BC Child, >100% to 150%	BC	CARES
12	BadgerCare - premium payers	B2	BC Child, >150% to 185%, premium	BC	CARES

St. S		Med Stat	Description	CARES Category	Source	
12	BadgerCare - premium payers	В3	BC Child, >185% to 200%, premium	BC	CARES	
12	BadgerCare	B4	BC Adult, >100% to 150%	BC	CARES	
12	BadgerCare - premium payers	B5	BC Adult, > 150% to 185%, premium	BC	CARES	
12	BadgerCare - premium payers	В6	BC Adult, >185% to 200%, premium	BC	CARES	
12	SSI-related, Med Ndy, Deductible	BD	Blind, no \$, med ndy, deductible	NS	CARES	
12	Well Woman	СВ	Well Woman	non-CARES	County - manual	
12	Healthy Start, Cat Ndy	CC	Child, < 6, 133%, no \$, cat ndy	MHS-C	CARES	
12	Healthy Start, Med Ndy, Deductible	CD	Child < 2, 185%, no \$, med ndy, deductible	NHS-C	CARES	
12	Healthy Start, Med Ndy	CM	Child, age 2 - 6, 155%, no \$, med ndy	NHS-C	CARES	
12	SSI-related, Cat Ndy, Protected	DC	Disabled Adult Child (DAC), no \$, cat ndy	MP-D	CARES	
12	SSI-related, Med Ndy, Deductible	DD	Disabled, no \$, med ndy, deductible	NS	CARES	
12	MA Extensions	E2	4 mo. child support extension, no \$, cat ndy	ME-C	CARES	
12	Healthy Start, Cat Ndy	E3	60 day end of pregnancy extension, cat ndy	ME-P	CARES	
12	Healthy Start, Med Ndy	E4	60 day end of pregnancy extension, med ndy	NE-P	CARES	
12	Family Planning/QMB	FQ	FP/QMB	FPW	CARES	
12	Family Planning Services	FS	Family Planning Services	FPW	CARES	
12	Healthy Start, Cat Ndy	GC	Child, DOB > 9/30/83, 100%, no \$, cat ndy	MHS-N	CARES	
12	Healthy Start, Cat Ndy	GE	Child, < 19, DOB < 10/83, 100%, no \$, cat ndy	MHS-N	CARES	
12	BadgerCare	GP	BC adult, 100%	BC	CARES	
12	Healthy Start, Med Ndy, Deductible	HD	Child, age 2 - 6, no \$, med ndy, deductible	NHS-C	CARES	
12	Other Cat Needy	IC	IMD, on leave	non-CARES	County - manual	
12	MA Institutions, Med Ndy	IM	IMD, on leave, med ndy	non-CARES	County - manual	
12	SSI-related, Cat Ndy, Protected	L1	Widow/widower I, cat ndy	MP-W	CARES	
12	SSI-related, Cat Ndy, Protected	L3	Widow/widower II, cat ndy	MP-T	CARES	
12	SSI-related, Med Ndy, Protected	L5	Widow/widower I, med ndy	NP-W	CARES	
12	SSI-related, Med Ndy, Protected	L7	Widow/widower II, med ndy	NP-T	CARES	
12	AFDC-related, Cat Ndy	M1	Migrant w/MA from out of state	MAO-R	CARES	
12	AFDC-related, Med Ndy	M2	Migrant w/MA from out of sate	NAO-R	CARES	
12	MAP, premium	МЗ	MAPP > 150%	MAP	CARES	
12	MAP, no premium	M4	MAPP, to 150%, no premium	MAP	CARES	
12	AFDC-related, Med Ndy, Deductible	MD	AFDC related, no \$, deductible	NAO-R	CARES	
12	MA Newborn, Cat Ndy	N1	Continuously eligible newborn (CEN), no \$, cat ndy	MN	CARES	

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source	
12	MA Newborn, Med Ndy	N2	Continuously eligible newborn (CEN), no \$, med ndy	NN	CARES	
12	Healthy Start, Med Ndy	P1	Pregnant woman, 185%, no \$, med ndy	NHS-P	CARES	
12	Healthy Start, Med Ndy	PC	Child < 2, 155%, no \$, med ndy	NHS-C	CARES	
12	Healthy Start, Med Ndy, Deductible	PD	Pregnant woman, intact family, no \$, med ndy, deductible	NHS-P	CARES	
12	Healthy Start, Cat Ndy	PW	Pregnant woman, 133%, no \$, cat ndy	MHS-P	CARES	
12	SeniorCare	SC	SC Copay, Up To 160%	SC	CARES	
12	SeniorCare	SD	SC Deductible, >160% - 200%	SC	CARES	
12	SeniorCare	SE	SC Deductible, >200% - 240%	SC	CARES	
12	SeniorCare	SF	SC/QMB Deductible, >160% - 200%	SC	CARES	
12	SeniorCare	SG	SC/QMB Copay, Up To 160%	SC	CARES	
12	SeniorCare	SS	SC Spend Down, >240%	SC	CARES	
12	AFDC-related, cat ndy		AFDC-U, cat ndy	MAO-U	CARES	
12	AFDC MA	UH	Cuban/Haitian, AFDC-U, cat ndy	MA-U	CARES	
12	AFDC MA	UR	Refugees, AFDC-U, cat ndy	MA-U	CARES	
12	AFDC MA	WH	AFDC, 100 rule waiver	MA-U	CARES	
12	MA Extensions	X1	earnings/hours	ME-I	CARES	
12	MA Extensions	X2	\$30+1/3 loss	ME-T	CARES	
12	MA Extensions	Х3	\$30 loss	ME-D	CARES	
12	MA Extensions	X4	\$30 +1/6	ME-S	CARES	
13	Family Planning /TB-related/QMB	FB	FP/TB/QMB	non-CARES	County - manual	
13	Family Planning/TB-related	FT	FP/TB-related	non-CARES	County - manual	
13	SC/TB-Related	SH	SC/TB/QMB Deductible, >160% - 200%	non-CARES	County - manual	
13	SC/TB-Related	SJ	SC/TB/QMB Copay, Up To 160%	non-CARES	County - manual	
13	SC/TB-Related	ST	SC/TB-Related, Up To 160%	non-CARES	County - manual	
13	SC/TB-Related	TS	S SC/TB- Related, Deductible, >160%-200% non-CARES County		County - manual	
14	Other Cat Needy	ΑE	E IRCA-alien; emergency service only non-CARES County		County - manual	
14	Limited Benefits - Family Care Non-MA	FC			CARES	
14	Limited Benefits - Limited Services	P2	Presumptive Eligibility, preg., med ndy	non-CARES	Qualified PE Provider	
14	Presumptive FP/TB-related/QMB	PB	FP/TB/QMB	non-CARES	County - manual	
14	Limited Benefits - Limited Services	PE	Presumptive Eligibility, preg., cat ndy	non-CARES	Qualified PE Provider	
14	Presumptive Fam. Plan. Services	PF	Presumptive Eligibility Family Planning Service	non-CARES	Qualified PE Provider	
14	Presumptive FP/QMB	PQ	FP/QMB	non-CARES	County - manual	

MSH	MA Subprogram	Med Stat	Description	CARES Category	Source
14	Presumptive FP/TB-related	PT	FP/TB-related	non-CARES	County - manual
14	Limited Benefits Qualified Buyin Grp1	Q1	Qualified Individual , 120% - 135%,	non-CARES	County - manual
14	Limited Benefits Qualified Buyin Grp2 (obsolete)	Q2	Qualified Individual > 135% - 175%, partial Part B only	non-CARES	County - manual
14	Limited Benefits - QMB only	QN	QMB only, institutionalized	QMB-N	CARES
14	Limited benefits - QMB only	QR	QMB only, non-institutionalized	QMB	CARES
14	Limited Benefits QDWI	QW	QDWI	QDW-I	CARES
14	Limited Benefits SLMB Only	SB	SLMB only < 120%	SLB	CARES
14	Limited Benefits - Limited Services	TR	Tuberculosis-related eligibility	non-CARES	County - manual
15	Other Cat Needy (obsolete)	60	Undefined	non-CARES	N/A
15	100% State Funded (obsolete)	70	RNIP/MA	non-CARES	N/A
15	100% State Funded	71	good faith	non-CARES	EDS
15	100% State Funded	72	good faith	non-CARES	EDS
15	100% State Funded (obsolete)	73	RNIP/institutionalized	non-CARES	N/A
15	100% State Funded (obsolete)	74	Undefined	non-CARES	N/A
15	Kinship Care (obsolete)	KC	Kinship Care, AFDC-rel'd, cat	non-CARES	N/A
15	SSI-related, Cat Ndy, Protected (obsolete)	RC	Deemed SSI, child, cat, no \$	non-CARES	SDX
15	SSI-related, Med Ndy, Protected (obsolete)	RN	Deemed SSI, child, med ndy, no \$	non-CARES	SDX
15	Work not Welfare-Transitional (obsolete)	TM	AFDC rel'd. No \$, cat ndy	MAO-R	CARES
15	AFDC MA	WN	Work Not Welfare, AFDC, \$, Cat Ndy	MA-R	CARES
15	AFDC MA	WU	Work Not Welfare, AFDC-U, \$, CN	MA-U	CARES
16	Hospital Pass Through (EDS use only - obsolete)	НО	DRG Pass Through	NA	N/A

## **Appendix C: Abbreviations/Terms**

BAF Buy-In Action Flag

CARES Client Assistance for Re-Employment and Economic Support

COB Coordination of Benefit (Same as TPL)

DOB Date of Birth

EDS Electronic Data Systems

HMO Health Maintenance Organization

ICN Internal Control Number - assigned by EDS to all eligibility update

records for audit trail.

MA Medicaid, Medical Assistance

MA ID Medicaid Identification Number.

Med Stat Medical Status code. Used to define the program of assistance the

recipient is eligible for.

MMIS Medicaid Management Information System

QDWI Qualified Disabled Working Individual

QMB Qualified Medicare Beneficiary

SDX State Data Exchange. Contains MA eligibility data for SSI recipients.

SLMB Specified Low Income Beneficiary

SSI Supplemental Security Income

Title XVIII Medicare

TPL Third Party Liability (same as COB)

YOB Year of Birth

## Appendix D: Requesting A Benefit History

## Requesting recipient benefit history report(s) on-line.

Benefit history reports are used to recover third party liability monies or childbirth expenses. The 418 report provides information about all non-HMO Medicaid claims that are processed (paid, denied or adjusted) on behalf of an individual. The 419 report shows all non-HMO claims that are processed with an indication that the claim was birth-related. Both reports are printed with basic information with simple descriptions of the diagnosis and procedures performed for use by non-technical staff. The MMIS RC (Recipient Claims) screen is used to order benefit history reports. Note: Claims are periodically purged from the RC screen. As a rule, the last 18 months' worth of claims processed will display. However, certain 'once in a lifetime' services may remain on the RC screen indefinitely. When logging your request on-line and purged history may be available the message "PURGED HISTORY MAY APPLY - PRESS PF6 TO LOG" will appear. Purged claims cannot be requested from the RC screen. Requests for purged history must be made on paper to EDS. A sample form is attached from which copies may be made. Send the form requests to:

EDS Attention: Consolidated 6406 Bridge Rd Madison, WI 53716

Questions regarding purged or on-line requests can be referred to EDS at (608) 221-4746 ext. 3424.

The reports are printed on a weekly basis. Reports requested by 4:00 p.m. Friday are included in the weekly cycle and mailed to the requester Monday or Tuesday of the following week. Following is the guide to requesting the 418 or 419 benefit history reports.

#### Recipient Claims Screen (RC)

SYS <b>2</b>	ACTION RO	C MSG MORE CLAIM	S FOR KI	EY PRE: <b>3</b>	SS PF4 TO	CON	ITINUE	1 PA	<b>GE</b> 01
MA#	340000892	20		NAM	E STAON		IKEN		
SELI	ECT OPTION	4 NS: <b>PROV BASE</b>		5 UF SI	6 USP/PAID	•	, , ,	8 TDOS	
		9 RA-DATE	10 B-A		11 CT	P	12 EG/ICN		
		13 TYPE	14 LOC	R	15 EQUESTOR				
16	17	18	19	20	21	22	23	24	25
						c	OPAY	PAID I	RA-DTE
NO	PROV #	ICN	FDOS	TDOS	BILLED	s	LC DY	r rc da	TDP
1	99700900	209892200201470	082492	082492	4850	С	00	2302	092592
2	99140400	101397100111720	052897	052897	5108	С	00	4373	053097
3	99730000	201197100009920	052897	052897	14800	С	00	4531	061597
4	99010700	231397100028720	052897	052897	5700	С	00	16423	062297
5	99210200	101397100060740	053097	053097	8189	С	00	8039	060897
6	99830100	209897100112400	053097	053097	14090	С	00	2786	072097
7	99830100	209897200093370	062397	062397	4650	С	00	1960	080397
8	99970400	201398000014160	102997	102997	3750	D	00	00	011198
9	99000900	609398000480830	020198	022898	12274	С	00	12274	012598
_					12286		0.0		022298

- **FIELD 1: PAGE** = This field displays the page number of the screen being viewed. An individual may have more than 1 page of claims.
- **FIELD 2:** MA# = This is the identification number of the individual whose claim information is displayed on this screen and services will be reported for.
- **FIELD 3:** NAME = Recipient Name. After entering the recipient's identification number, the name of the recipient is automatically displayed in this field.

- **SELECT OPTIONS:** Below are description of fields that can be used to limit your search. A combination of any of the select options can be used to obtain claims information related to this individual.
- **FIELD 4: PROV BASE** = Provider Base Number. The provider base number is the first six digits of the eight-digit provider number. If you wish to limit the benefit history to services received by a particular provider, enter the provider number here. Otherwise, leave it blank if requesting all claims for the individual.
- **SUF** = The last two digits of the eight-digit provider number are displayed in this field. If the provider base is entered, the suffix must also be entered.
- **FIELD 6:** SUSP/PAID = Suspend/Paid. Leave blank. Only paid claims will report.
- **FIELD 7: FDOS** = FROM Date of Service. You can limit the service dates for reporting if you enter a date in the FDOS field or leave it blank for all dates. The date is in a MMDDYY format. The report will display all claims with dates of service equal to or greater than the date entered, up to the TDOS, if that is entered. To request a 419 report, the FDOS must be indicated.
- **TDOS** = TO Date of Service. Use this in conjunction with the FDOS, to limit service dates or leave blank if you want all claims to present. If a TDOS is entered, a FDOS must also be entered.
- FIELD 9: RA-DATE = Remittance and Status Report Date. Leave blank.
- **FIELD 10: B-AMT** = Billed Amount, Leave blank.
- **FIELD 11: CT** = Claim Type. A specific type of claim can be requested by entering the two-digit claim type. Refer to attachment for a listing of Claim Types.
- **FIELD 12: REG/ICN** = Region/Internal Control Number. Leave blank.

#### MINIMUM REQUIRED FIELDS FOR REQUESTING BENEFIT HISTORIES

- FIELD 13: TYPE = Enter 418 or 419 (If 419 is requested, FDOS is also required).
- **FIELD 14: LOC** = Enter your assigned four digit locality code. The code consists of a zero and your three digit county code. E.g. Adams = 0001, Wood = 0071. If less than characters or an invalid code is entered, an error message will appear.
- **FIELD 15: REQUESTOR** = Enter a four-character identifier. This is used to identify the individual requestor once the report arrives at your agency. It can be

alpha and/or numeric. If a requestor is not entered or is less than four characters, an error message will appear.

After all the information is entered for the request, press enter. If any information is missing or incorrect, a corresponding error message will appear. Correct the information as identified in the error message and enter again. If all elements for the request are present and correct, a message will appear that "NO ERRORS EXIST - PRESS PF6 TO TRANSMIT REQUEST" or, if purged history may apply, the message "PURGED HISTORY MAY APPLY - PRESS PF6 TO LOG" will appear. Proceed with logging the request.